01/29/2010 16:46

Image# 10990215227

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| | | For Oth | er inan An | Autnorize | ea Comm | ittee | | Office Use | e Only | |
|-----|--|--------------|--|-------------------------------------|---------------------------------|-------------------------------------|-------------|--------------------------------------|------------|--|
| 1. | | | MAILING LAI | | xample:If typi ver the lines | ng, type | | • • • • | | |
| L | UnitedHealth Group Incorpora | ated PAC | (United for Hea | ılth) | | | | | 1 1 1 | |
| Ш | | 1 1 1 | | | | | 1 1 1 | | 1 1 1 | |
| AD | DRESS (number and street) | 9900 E | Bren Road East | : | | | | | | |
| | Check if different than previously reported. (ACC) | Minnet | onka | | | | MN | 55 | 343 | |
| 2. | FEC IDENTIFICATION NUM | BER ' | - | CITY 🛕 | | | STATE | . 2 | ZIPCODE | A |
| | C00274431 | | | 3. IS THIS REPOR | Т | NEW (N) OR | | AMENDED (A) | | |
| 4. | TYPE OF REPORT (Choose One) (a) Quarterly Reports: | `´ F | Monthly Report Due On: | Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) | 3) | May 20 (M5) Jun 20 (M6) Jul 20 (M7) | | Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) | T C C | lov 20 (M11) Non-Election ear Only) Dec 20 (M12) Non-Election ear Only) an 31 (YE) |
| | April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) January 31 | (c 2) |) 12-Day PRE-Electi Report for t | | Primary (1 | | = | eral (12G) cial (12G) | in the | Runoff (12R) |
| | X Quarterly Report(YE July 31 Mid-Year Report(Non-electior Year Only) (MY) Termination Report (TER) | n (d |) 30-Day Post -Elec Report for t | | General (3 | 00G) | Run | off (30R) | State of | Special (30S) |
| 5. | Covering Period 0.7 | 0 | 1 200 | 9 | through | 1 2 | 3 1 | 2009 | | |
| Тур | ertify that I have examined this For or Print Name of Treasurer | | n Sherwood | my knowledge | e and belief it | | | 0 1 2 9 | | 0 1 0 |
| | | - | - | | | | Date _ | | | |
| NO | TE : Submission of false, erron | neous, or in | ncomplete infor | mation may s | ubject the pe | erson signing th | is Report t | o the penalties | of 2 U.S.C | ; 437g. |
| | Office Use | | | | | | | | FORM | |

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 173

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name UnitedHealth Group Incorporated PAC (United for Health)

D D " D 0.7 0 1 2009 12 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 224784.14 January 1 (b) Cash on Hand at 203536.48 Begining of Reporting Period 212188.35 414615.69 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 415724.83 639399.83 6(a) and 6(c) for Column B) 238075.00 461750.00 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 177649.83 177649.83 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 173

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From: 0 7

D D 0

2009

то.

м м 1 2 ^D 31

^Y 2009

| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------|--|-------------------------------|-----------------------------------|
| | Contributions (other than loans) From: a) Individuals/Persons Other | | |
| | Than Political Committees (i) Itemized (use Schedule A) | 193111.30 | 364130.31 |
| | (ii) Unitemized | 15286.99 | 46695.32 |
| | (iii) TOTAL (add Lines 11(a)(i) and (ii) | 208398.29 | 410825.63 |
| (k | b) Political Party Committees | 0.00 | 0.00 |
| , | c) Other Political Committees (such as PACs) | 190.06 | 190.06 |
| | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 208588.35 | 411015.69 |
| | ransfers From Affiliated/Other | 0.00 | 0.00 |
| 3. A | All Loans Received | 0.00 | 0.00 |
| | oan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| (0 | Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| to | o Federal candidates and Other Political Committees | 3600.00 | 3600.00 |
| | Other Federal Receipts Dividends, Interest, etc.) | 0.00 | 0.00 |
| | ransfers from Non-Federal and Levin Funds | | |
| (8 | a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (k | b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (0 | c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| | otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c)) | 212188.35 | 414615.69 |
| | otal Federal Receipts subtract Line 18(c) from Line 19) | 212188.35 | 414615.69 |

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 173

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------------------------|-----------------------------------|
| Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| Activity (from Schedule H4) | 0.00 | 0.00 |
| (i) Federal Share | | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures | | |
| (add 21(a)(i), (a)(ii) and (b)) | ▶ 0.00 | 0.00 |
| Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 3. Contributions to | | 0.00 |
| Federal Candidates/Committeesand Other Political Committees | 158500.00 | 336500.00 |
| Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| Coordinated Expenditures Made by Party | | |
| Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 6. Loan Repayments Made | 0.00 | 0.00 |
| 7. Loans Made | 0.00 | 0.00 |
| 8. Refunds of Contributions To: (a) Individuals/Persons Other | | |
| Than Political Committees | | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs)(d) Total Contribution Refunds | 0.00 | 0.00 |
| (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| Other Disbursements | 79575.00 | 125250.00 |
| | | |
| Federal Election Activity (2 U.S.C 431(20) (a) Shared Federal Election Activity | ט)) | |
| (from Schedule H6) | 2.22 | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirel With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add | 2.22 | |
| Lines 30(a)(i), 30(a)(ii) and 30(b)). | 0.00 | 0.00 |
| Total Disbursements (add Lines 21(c), | 22, | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)). | 238075.00 | 461750.00 |
| Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | | 101== |
| from Line 31) | 238075.00 | 461750.00 |

DETAILED SUMMARY PAGE

of Disbursements

5 / 173

| III. Net Contributions/Operating Expenditures | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | |
|--|---|-------------------------------|-----------------------------------|--|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3) | 208588.35 | 411015.69 | |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 | |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 208588.35 | 411015.69 | |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 | |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 | |

FE6AN026

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|------------------------|--|--------------------------------|---|---|
| 0 | ny information copied from such Reports and S r for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for | Health) | |
| ∠ \ . | Full Name (Last, First, Middle Initial) Judah C. Sommer | Date of Receipt | | |
| | Mailing Address 701 Pennsylvania Ave Suite 530/650 | 12 17 2009 | | |
| | City | State | Zip Code | Transaction ID: 31055122 |
| | Washington EEC ID number of contributing | DC | 20004-2606 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 5000.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Public At | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 5000.00 | Yearly PAC Contribution |
| 3. | Full Name (Last, First, Middle Initial) MICHAEL R GROSS | | | Date of Receipt |
| | Mailing Address 3604 SOUTH SQUAR | 12 31 7 9 9 9 | | |
| | City State | | Zip Code | Transaction ID: PR1159789623217 |
| | WILLIAMSBURG | VA | 23188 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer United HealthCare Corporation Actua | | n Director | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 212.00 | P/R Deduction (\$4.00 Bi-W-eekly) |
| _ | Full Name (Last, First, Middle Initial) MOLLIE CHAPMAN | | | Date of Receipt |
| | Mailing Address 226 BERNARD DR | | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: PR1159790523217 |
| | MONROE | OH | 45050 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. Occupatio Assoc Di | | n ir Network Contracting | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Г | SUBTOTAL of Receipts This Page (optional) | 1 | | 5230.00 |

| Γ | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--------|---|--------------------------------|---|--|
| P C | any information copied from such Reports and S r for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persondress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | | | |
| ۷. | Full Name (Last, First, Middle Initial) KEN L HOVERMAN | Date of Receipt | | |
| | Mailing Address 16221 SIERRA DE AV | /ILA | | 12 31 YYYY 12 31 2009 |
| | City TAMPA | State FL | Zip Code 33613 | Transaction ID: PR1159790923217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Mark | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 410.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| 3. | Full Name (Last, First, Middle Initial) PAMELA A TULUMELLO Mailing Address 17715 N 68TH DRIVE | Date of Receipt | | |
| | City State Zip Code | | | 12 31 2009 |
| | GLENDALE AZ | | 21p Code 85308 | Transaction ID: PR1159793123217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Clain | ns Quality | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) DEBORAH S STREB | Date of Receipt | | |
| | Mailing Address 2201 NORTH STAR F | ROAD | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1159794123217 |
| | UPPER ARLINGTON | OH | 43221 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | | | ect Management | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 390.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|--------|--|----------------------------------|---|--|
| A 0 | ny information copied from such Reports and s r for commercial purposes, other than using th NAME OF COMMITTEE (In Full) | Statements may e name and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| | UnitedHealth Group Incorporated PA | | | |
| _ | Full Name (Last, First, Middle Initial) ANTHONY J KAZLAUSKAS | Date of Receipt | | |
| | Mailing Address 11 CARNIVAL TERRA | 12 31 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1159794623217 |
| | WEST WARWICK FEC ID number of contributing | C | 02893 | Amount of Each Receipt this Period 260.00 |
| | federal political committee. | | | |
| | Name of Employer UnitedHealth Group, Inc. Octoor Sr | | n al Director | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | 0 0 | 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) CARLA M MUGGIO | | | Date of Receipt |
| | Mailing Address 3533 FAIR OAKS LAN | 12 31 2009 | | |
| | City State | | Zip Code | Transaction ID: PR1159798223217 |
| | LONGBOAT KEY | FL | 34228 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 249.99 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Network | n Contract Director | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) HERBERT L WHETSTINE | | | Date of Receipt |
| | Mailing Address 22351 WAGONWHEI | 1 2 3 1 2 0 0 9 | | |
| | City | State | Zip Code | Transaction ID: PR1159803623217 |
| | LAKEVILLE | MN | 55044 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 124.93 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Aviati | n ion & Corp Pilots | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 259.47 | P/R Deduction (\$9.61 Bi-W-eekly) |
| Γ, | SUBTOTAL of Receipts This Page (optional) . | | | 634.92 |

| | HEDULE A (FEC Form 3X) MIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------------|---|--------------------------------|---|---|
| Any in or for | nformation copied from such Reports and commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions oslicit contributions from such committee. |
| \ | AME OF COMMITTEE (In Full) InitedHealth Group Incorporated PA | C (United for | Health) | |
| | ull Name (Last, First, Middle Initial) RIAN R BELLOWS | | | Date of Receipt |
| M | ailing Address 10 SHADOWOOD LA | 12 31 YYYYY 12009 | | |
| | ity RUMBULL | State CT | Zip Code 06611 | Transaction ID: PR1159803823217 Amount of Each Receipt this Period |
| FE | EC ID number of contributing deral political committee. | C | | 195.00 |
| Na U | Name of Employer Occu UnitedHealth Group, Inc. Dir E | | | |
| Re | eceipt For: Primary General Other (specify) | | e Year-to-Date ▼ 405.00 | P/R Deduction (\$15.00 Bi-Weekly) |
| 3. KI | ull Name (Last, First, Middle Initial) EITH W NOBLITT ailing Address 122 SOUTH OAK PO | Date of Receipt | | |
| _ | | 12 31 2009 | | |
| | City State SENECA SC | | Zip Code 29672 | Transaction ID: PR1159805523217 Amount of Each Receipt this Period |
| FE | EC ID number of contributing deral political committee. | C | 20072 | 260.00 |
| Na U | ame of Employer nitedHealth Group, Inc. | Occupation Strategic | n : Client Exec-Uniprise | |
| Re | eceipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| | ull Name (Last, First, Middle Initial) | | | Date of Receipt |
| M | ailing Address 302 S 52ND ST | | | 12 31 2009 |
| | ity | State | Zip Code | Transaction ID: PR1159805923217 |
| FE | MAHA EC ID number of contributing deral political committee. | NE C | 68132 | Amount of Each Receipt this Period 130.00 |
| Na U | ame of Employer nitedHealth Group, Inc. | Occupation Assoc Di | n ir Finance | |
| Re | eceipt For: Primary General Other (specify) | _ ' | e Year-to-Date ▼ 235.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| SUB | RTOTAL of Receipts This Page (optional) . | 1 | | 585.00 |
| | AL This Period (last page this line numbe | | · | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|-----------------------|---|---|
| , | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAGE | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| / | Full Name (Last, First, Middle Initial) | | | |
| ı | JAMES S WATSON III Mailing Address 6520 SHENANDOAH | DR | | Date of Receipt |
| | City | State | Zip Code | 1 2 3 1 2 0 0 9 Transaction ID: PR1159806023217 |
| | LINCOLN | NE NE | 68510 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 325.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Govt Rel | n Assoc Dir | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 634.61 | P/R Deduction (\$25.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) MARILYN C NEVIN | | | Date of Receipt |
| | Mailing Address 4336 BROWNDALE | 12 31 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1159807423217 |
| | SAINT LOUIS PARK | MN | 55424 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Finar | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) NANCY C ABELMANN | Date of Receipt | | |
| | Mailing Address 3120 CHELSEA COU | RT | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: PR1159809123217 |
| | BURNSVILLE | MN | 55337 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 174.98 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Tax | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 346.14 | P/R Deduction (\$13.46 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | | | 629.98 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|--|---|---|---|
| , | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for | Health) | |
| . ∠ \. | Full Name (Last, First, Middle Initial) WILLIAM P WHITELY | | | Date of Receipt |
| | Mailing Address 2657 WOODBRIDGE | 12 31 2009 | | |
| | City WAYZATA | State MN | Zip Code 55391 | Transaction ID: PR1159812623217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 2307.60 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Senior V | n ice President | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| - 3. | Full Name (Last, First, Middle Initial) WAYNE F COOK | Date of Receipt | | |
| | Mailing Address 1200 PEBBLE HILL R | 1 2 3 1 2 0 0 9 | | |
| | City | State | Zip Code | Transaction ID: PR1159812823217 |
| | DOYLESTOWN FEC ID number of contributing federal political committee. | C | 18901 | Amount of Each Receipt this Period 780.00 |
| | Name of Employer United HealthGroup | Occupation Presiden | n It Insurance Solutions | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1426.14 | P/R Deduction (\$60.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) WILLIAM J CAROLAN | | | Date of Receipt |
| | Mailing Address 3508 PINEY POINT D | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | City | State TX | Zip Code | Transaction ID: PR1159812923217 |
| | FLOWER MOUND FEC ID number of contributing federal political committee. | C | 75022 | Amount of Each Receipt this Period 99.97 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Strategic | n c Client Exec-Uniprise | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 3187.57 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 173 (check only one) X |
|---------------------------------------|---|--------------------|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAGE | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Z | Full Name (Last, First, Middle Initial) | | | |
| ۱. | DAVID S WICHMANN Mailing Address 7000 ANTRIM ROAD | | | Date of Receipt |
| | City | State | Zip Code | 12 31 2009 |
| | EDINA | MN | 55439 | Transaction ID: PR1159814723217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 2307.60 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation EVP & P | n res UHG Operations | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4999.10 | P/R Deduction (\$192.30 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) PATRICK J ERLANDSON | | | Date of Receipt |
| | Mailing Address 2407 LAKE PLACE | | | 12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR1159815923217 |
| | MINNEAPOLIS | MN | 55405 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 2307.60 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation SVP Bus | n iness Operations | |
| | Receipt For: Primary General Other (specify) ♥ | Aggregate | Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) PATRICIA R SAURO | 1 | | Date of Receipt |
| | Mailing Address 8943 HIDDEN MEAD | OW R | | 12 |
| | City | State | Zip Code | Transaction ID: PR1159816423217 |
| | WOODBURY | MN | 55125 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 780.00 |
| | Name of Employer United HealthGroup, Inc. | | Segment CAO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1900.00 | P/R Deduction (\$60.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | | | 5395.20 |

| SCHEDULE A (FEC ITEMIZED RECEIPT | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 173 (check only one) X |
|--|--|---|--|
| or for commercial purposes, oth NAME OF COMMITTEE (In | er than using the name and ad | dress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| Full Name (Last, First, Middle WILLIAM A MUNSELL Mailing Address 2119 WI | , | | Date of Receipt |
| City WAYZATA FEC ID number of contribution | State MN | Zip Code 55391 | 1 2 3 1 2 0 0 9 Transaction ID: PR1159816623217 Amount of Each Receipt this Period |
| federal political committee. Name of Employer UnitedHealth Group, Inc. Receipt For: Primary Gene | Occupation EVP Unit Aggregate | n tedHealth Group e Year-to-Date ▼ | 1300.00 |
| Other (specify) Full Name (Last, First, Middle JOHN S PENSHORN | 0 0 | 2700.00 | P/R Deduction (\$100.00 Bi- Weekly) Date of Receipt |
| Mailing Address 120 BLA | 12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| WAYZATA | State MN | Zip Code 55391 | Transaction ID: PR1159816923217 Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 1300.00 |
| Name of Employer UnitedHealth Group, Inc. Receipt For: Primary Other (specify) ▼ | Aggregate | n tedHealth Group • Year-to-Date ▼ • 2700.00 | P/R Deduction (\$100.00 Bi-Weekly) |
| Full Name (Last, First, Middle PAUL D KALLMEYER | , | | Date of Receipt |
| Mailing Address 468 HEF | RALD DR | | 12 31 2009 |
| City | State | Zip Code | Transaction ID: PR1159817423217 |
| AMBLER | PA | 19002 | Amount of Each Receipt this Period |
| FEC ID number of contribution federal political committee. | ng C | | 650.00 |
| Name of Employer United HealthGroup Receipt For: | | n General Counsel (Mgr) e Year-to-Date ▼ | |
| Primary Gene Other (specify) ▼ | 00 0 | 1170.00 | P/R Deduction (\$50.00 Bi- Weekly) |
| SUBTOTAL of Receipts This F | Page (optional) | | 3250.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14/1/3 (check only one) |
|--|-----------------------|---|---|
| Any information copied from such Reports at or for commercial purposes, other than using | nd Statements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F | <u> </u> | | |
| Full Name (Last, First, Middle Initial) TIMOTHY F RYAN | | | Date of Receipt |
| Mailing Address 4913 BRUCE AVE | | | 1 2 3 1 2 0 0 9 |
| City EDINA | State MN | Zip Code 55424 | Transaction ID: PR1159817923217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00.12. | 247.00 |
| Name of Employer UnitedHealth Group | Occupatio Business | n s Segment Gen Counsel | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 513.00 | P/R Deduction (\$19.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) THOMAS J QUIRK | | | Date of Receipt |
| Mailing Address 5769 CEDAR GRC | VE CR | | 12 31 YYYYY 12 31 2009 |
| City PLANO | State TX | Zip Code 75093 | Transaction ID: PR1159819123217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 499.98 |
| Name of Employer UnitedHealth Group | Occupatio Health P | | |
| Receipt For: Primary General Other (specify) ▼ | ' · | e Year-to-Date ▼ 1038.42 | P/R Deduction (\$38.46 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) BRIAN H ROSE | | | Date of Receipt |
| Mailing Address 1635 FOOTHILLS | DR S | | 1 2 3 1 2 0 0 9 |
| City GOLDEN | State CO | Zip Code | Transaction ID: PR1159819423217 |
| FEC ID number of contributing federal political committee. | C | 80401 | Amount of Each Receipt this Period 99.97 |
| Name of Employer UnitedHealthGroup | Occupatio Sr Medic | n al Director | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| SUBTOTAL of Receipts This Page (optional | - I | | 846.95 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Χ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15/1/3 (check only one) |
|--|----------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F | | • | |
| Full Name (Last, First, Middle Initial) REED V TUCKSON, M.D. | | | Date of Receipt |
| Mailing Address 3501 ZENITH AVE | SOUTH | | 1 2 3 1 2 0 0 9 |
| City MINNEAPOLIS | State MN | Zip Code 55416 | Transaction ID: PR1159819823217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1499.94 |
| Name of Employer UnitedHealth Group | Occupation EVP Con | n sumr Health & Med Care | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 3115.26 | P/R Deduction (\$115.38 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) DAVID J FALK | | | Date of Receipt |
| Mailing Address 323 LAWRENCE A | VE | | 12 31 7 9 9 |
| City HIGHLAND PARK | State NJ | Zip Code 08904 | Transaction ID: PR1159820223217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 162.50 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Medical I | | |
| Receipt For: Primary General Other (specify) ▼ | - | Year-to-Date ▼ 337.50 | P/R Deduction (\$12.50 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) DEBRA A OBERMAN | | | Date of Receipt |
| Mailing Address 4212 ALDEN DR | | | 1 2 3 1 2 0 0 9 |
| City EDINA | State MN | Zip Code 55416 | Transaction ID: PR1159820723217 |
| FEC ID number of contributing federal political committee. | C | 33410 | Amount of Each Receipt this Period 249.99 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Gov't | n Relations | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optional | .0 | | 1912.43 |

| ITEMIZED RECEIPTS | λ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16/1/3 (check only one) |
|--|---------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may the name and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P | AC (United for | Health) | |
| Full Name (Last, First, Middle Initial) WILLIAM C TRACY | | | Date of Receipt |
| Mailing Address 13016 CANTERBUI | RY | | 12 31 2009 |
| City LEAWOOD | State KS | Zip Code 66209 | Transaction ID: PR1159821523217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 750.10 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Health Pl | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1557.90 | P/R Deduction (\$57.70 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) MICHAEL M HAWKINS | I | | Date of Receipt |
| Mailing Address 11137 AMESITE TF | RAIL | | 1 2 3 1 2 0 0 9 |
| City AUSTIN | State TX | Zip Code 78726 | Transaction ID: PR1159822023217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 150.02 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sr Medic | al Director | |
| Receipt For: Primary General Other (specify) ▼ | - ' ' | Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) CAROL M SCHNEEWEIS | | | Date of Receipt |
| Mailing Address 16907 49TH PLACE | ΞN | | 1 2 3 1 2 0 0 9 |
| City PLYMOUTH | State MN | Zip Code 55446 | Transaction ID: PR1159823523217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 33440 | 325.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Medic | al & Clinical Ops | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 710.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optiona | <u> </u> | | 1225.12 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 173 (check only one) X |
|----|--|---------------------------------|---|---|
| 0 | any information copied from such Reports and r for commercial purposes, other than using the | Statements ma le name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for | Health) | |
| ۸. | Full Name (Last, First, Middle Initial) RICHARD J MIGLIORI | | | Date of Receipt |
| | Mailing Address PO BOX 72 City | State | Zip Code | 12 31 2009 |
| | WAYZATA | MN | 55391 | Transaction ID: PR1159827423217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 999.96 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation SVP Bus | on s Initiatives & Clin Aff | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2076.84 | P/R Deduction (\$76.92 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) BARBARA C BUENEMANN | <u> </u> | | Date of Receipt |
| | Mailing Address 128 ROSEBROOK D | R | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1159828723217 |
| | FLORISSANT | MO | 63031 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.02 |
| | Name of Employer UnitedHealth Group, Inc. | | omer Service | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi-Weekly) |
| | Full Name (Last, First, Middle Initial) JEANNINE M RIVET | | | Date of Receipt |
| | Mailing Address 4305 TRILLIUM WAY | , | | 12 / 31 / 2009 |
| | City | State | Zip Code | Transaction ID: PR1159830023217 |
| | MINNETRISTA FEC ID number of contributing federal political committee. | C | 55364 | Amount of Each Receipt this Period 2307.60 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation EVP Uni | on tedHealth Group | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) . | 1 | | 3457.58 |

| SCHEDULE A | A (FEC Form 3X) CEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|------------------------------|---|---|
| Any information copie or for commercial pu | ed from such Reports and Starposes, other than using the r | atements may name and ado | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COM | <u> </u> | | | |
| Full Name (Last, I | First, Middle Initial) | | | Date of Receipt |
| Mailing Address | 6385 SPINNAKER LAN | E | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City ALPHARETTA | | State GA | Zip Code 30005 | Transaction ID: PR1159830523217 Amount of Each Receipt this Period |
| FEC ID number of federal political co | | C | 30003 | 249.99 |
| Name of Employe UnitedHealth Gro | r up, Inc. | Occupation SB RVP | 1 | 1 |
| Receipt For: Primary Other (spec | General ify) ▼ | 1 | Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi-Weekly) |
| Full Name (Last, JOHN F STEVENS | First, Middle Initial) SON | | | Date of Receipt |
| Mailing Address | 5 BARBERRY DRIVE | | | 12 31 2009 |
| City | | State | Zip Code | Transaction ID: PR1159839323217 |
| BURLINGTON FEC ID number of federal political co | | CT | 06013 | Amount of Each Receipt this Period 127.40 |
| Name of Employe UnitedHealth Gro | r up, Inc. | Occupation Sr Associ | n iate General Counsel | 1 |
| Receipt For: Primary Other (spec | General ify) ▼ | Aggregate | Year-to-Date ▼ 264.60 | P/R Deduction (\$9.80 Bi-W-eekly) |
| Full Name (Last, I | First, Middle Initial) | | | Date of Receipt |
| Mailing Address | 16 SPOEDE LN | | | 12 31 2009 |
| City | | State | Zip Code | Transaction ID: PR1159840423217 |
| SAINT LOUIS FEC ID number of federal political co | | C | 63141 | Amount of Each Receipt this Period 702.00 |
| Name of Employe UnitedHealth Gro | r up, Inc. | Occupation VP Gene | n ral Management | |
| Receipt For: Primary Other (spec | General ify) ▼ | - | Year-to-Date ▼ 1458.00 | P/R Deduction (\$54.00 Bi-Weekly) |
| SUBTOTAL of Poo | Leipts This Page (optional) | | | 1079.39 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 173 (check only one) X |
|--|--|---|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may not be sold or used by any perso g the name and address of any political committee to | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated | PAC (United for Health) | |
| Full Name (Last, First, Middle Initial) THOMAS E BURTON | | Date of Receipt |
| Mailing Address 35 MARA TRAIL | | 12 31 YYYY 12009 |
| City SOUTH WINDSOR | State Zip Code CT 06074 | Transaction ID: PR1159841623217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 108.29 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Actuary | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 224.91 | P/R Deduction (\$8.33 Bi-W-eekly) |
| Full Name (Last, First, Middle Initial) Mr. ANTHONY WELTERS | | Date of Receipt |
| Mailing Address 919 SAIGON ROA | AD . | 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR1332013223217 |
| MCLEAN FEC ID number of contributing federal political committee. | VA 22102 | Amount of Each Receipt this Period 2499.90 |
| Name of Employer UnitedHealth Group, Inc. | Occupation EVP UnitedHealth Group | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) JOHN KIRCHNER | | Date of Receipt |
| Mailing Address 1 WILLIAMSON L | ANE | M M / D D / Y Y Y Y Y Y 1 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR1530190523217 |
| LAMBERTVILLE FEC ID number of contributing federal political committee. | NJ 08530 | Amount of Each Receipt this Period 499.98 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive Director | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1038.42 | P/R Deduction (\$38.46 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (option | nal) | 3108.17 |

| SCHEDULE A (FEC FO | orm 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 173 (check only one) X |
|--|-----------------------------------|---|---|
| Any information copied from such F or for commercial purposes, other to NAME OF COMMITTEE (In Fu UnitedHealth Group Incorp | han using the name and add ll) | ress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle In | | | Date of Receipt |
| Mailing Address 7214 EVAN City MCLEAN | State VA | Zip Code 22101 | 1 2 3 1 2 0 0 9 Transaction ID: PR1530799223217 |
| FEC ID number of contributing federal political committee. | C | 22101 | Amount of Each Receipt this Period 2307.72 |
| Name of Employer UnitedHealth Group, Inc. Receipt For: | | edHealth Group Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | Aggregate | 4999.90 | P/R Deduction (\$192.31 Bi- Weekly) |
| Full Name (Last, First, Middle In ROBERT J BOHNENKAMP Mailing Address 4925 WOC | , | | Date of Receipt 1 2 3 1 2 0 0 9 |
| City | State | Zip Code | Transaction ID: PR1551005623217 |
| GREENWOOD | MN | 55331 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 2307.60 |
| Name of Employer UnitedHealth Group, Inc. Receipt For: | | Segment CIO | |
| Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| Full Name (Last, First, Middle In MICHAEL J BRESOLIN | itial) | | Date of Receipt |
| Mailing Address 121 W VIE | W STREET | | 12 31 2009 |
| City | State | Zip Code | Transaction ID: PR1551005723217 |
| LOMBARD | <u>IL</u> | 60148 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 260.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Care | Advocacy | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Pag | e (antional) | | 4875.32 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|--|
| or for commercial purposes, other than using | nd Statements may not be sold or used by any perso the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F | PAC (United for Health) | |
| Full Name (Last, First, Middle Initial) RITA T T DONOVAN | | Date of Receipt |
| Mailing Address 1585 NW 124TH S | | 12 31 7 2009 |
| City CLIVE | State Zip Code IA 50325 | Transaction ID: PR1551006623217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 99.97 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Network Contracting | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| Full Name (Last, First, Middle Initial) TIMOTHY J HEADY | I | Date of Receipt |
| Mailing Address 19019 VOGEL FAF | RM TRAIL | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR1551122523217 |
| EDEN PRAIRIE | MN 55347 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 520.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation SVP Pharmacy Benefit Mgmt | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1080.00 | P/R Deduction (\$40.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) CHRISTOPHER R HOCK | | Date of Receipt |
| Mailing Address 215 WINDMILL HIL | LL . | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR1551128923217 |
| WETHERSFIELD | CT 06109 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 150.02 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir General Management | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi- Weekly) |
| CURTOTAL of Descints This Daws (autism) | al) | 769.99 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 173 (check only one) X 11a |
|--------|---|-----------------------------|---|---|
| A 0 | ny information copied from such Reports and for commercial purposes, other than using the | Statements mane name and ad | ly not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) LISA G G HOLUBEC | | | Date of Receipt |
| | Mailing Address 1303 SALADO DRIVI | | | 12 31 7 2009 |
| | City ALLEN | State TX | Zip Code 75013 | Transaction ID: PR1551129223217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 190.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Assoc D | on ir Med & Clinical Ops | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 309.21 | P/R Deduction (\$15.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) JEFFREY W KAGAN | ļ | | Date of Receipt |
| | Mailing Address 52 CRESTWOOD LA | NE | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: PR1551132323217 |
| | <u>FARMINGVILLE</u> | NY | 11738 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP | on | |
| | Receipt For: | Aggregate | e Year-to-Date | |
| | Primary General Other (specify) ▼ | | 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) GERALD JOHN KNUTSON | | | Date of Receipt |
| | Mailing Address 520 KIMBERLY LN N | I | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1551132523217 |
| | PLYMOUTH | MN | 55447 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Business | on s Segment CFO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 706.14 | P/R Deduction (\$20.00 Bi- Weekly) |
| Γ. | SUBTOTAL of Receipts This Page (optional) | <u> </u> | | 710.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | |
|---------|--|--|--|
| 4 | r for commercial purposes, other than using th | Statements may not be sold or used by any e name and address of any political commit | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for Health) | |
| ۷. | Full Name (Last, First, Middle Initial) MICHAEL C MATTEO | | Date of Receipt |
| | Mailing Address 25 JEREMIAHS WAY | | 12 / 31 / 2009 |
| | City | State Zip Code CT 06073 | Transaction ID: PR1551133423217 |
| | SOUTH GLASTONBURY FEC ID number of contributing federal political committee. | CT 06073 | Amount of Each Receipt this Period 249.99 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation | |
| | Receipt For: | CEO National Accounts | |
| | Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi-Weekly) |
| - 3. | Full Name (Last, First, Middle Initial) DANIEL MORAGA | | Date of Receipt |
| | Mailing Address 1009 JEFFERSON S | TNE | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR1551134223217 |
| | ALBUQUERQUE | NM 87110 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 99.97 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Assoc Dir General Management | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| _ | Full Name (Last, First, Middle Initial) | | D. (D.) |
| • | DAWN M OWENS Mailing Address 2119 E LAKE OF TH | E ISLES PKWY | Date of Receipt 1 2 3 1 2 0 0 9 |
| | City | State Zip Code | Transaction ID: PR1551160323217 |
| | MINNEAPOLIS | MN 55405 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 249.99 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Business Segment CEO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi-Weekly) |
| | CURTOTAL of Possints This Page (antional) | | 599.95 |

| SCHEDULE A (FEC Form | Use separate schedule(s) for each category of the Detailed Summary Page | Check only one) X 11a |
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| Any information copied from such Rep or for commercial purposes, other than | orts and Statements may not be sold or used by any perso using the name and address of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora | | |
| Full Name (Last, First, Middle Initial ERIKA A ROGERS | | Data of Bassint |
| Mailing Address 2449 GUYNN | AVENUE | Date of Receipt |
| City | State Zip Code | 1 2 3 1 2 0 0 9 Transaction ID: PR1551160723217 |
| CHICO | CA 95926 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Strategic Client Exec-Uniprise | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial THOMAS J VALERIUS | | Date of Receipt |
| Mailing Address 2820 DEER R | UN TRAIL | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR1551161323217 |
| LONG LAKE | MN 55356 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 999.96 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Recruitment Svcs | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 2076.84 | P/R Deduction (\$76.92 Bi- Weekly) |
| Full Name (Last, First, Middle Initial LOIS T WEIHRAUCH |) | Date of Receipt |
| Mailing Address 8045 CHEYE | INE AV | 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR1551161423217 |
| CHANHASSEN | MN 55317 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 702.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP General Management | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1458.00 | P/R Deduction (\$54.00 Bi- Weekly) |
| SUBTOTAL of Receints This Page (c | ptional) | 1831.96 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 173 (check only one) X |
|---------|--|----------------------------------|---|---|
| 0 | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may e name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Visited Group Incorporated PAGE Company Co | C (United for | Health) | |
| ۱. | Full Name (Last, First, Middle Initial) JOHN O ENDERLE Mailing Address 31 ANDREIS TRAIL | | | Date of Receipt |
| | Mailing Address 31 ANDREIS TRAIL City | State | Zip Code | 1 2 3 1 2 0 0 9 Transaction ID: PR1554323523217 |
| | SOUTH WINDSOR | CT | 06074 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 715.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Regional | n Executive | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1485.00 | P/R Deduction (\$55.00 Bi- Weekly) |
| - 3. | Full Name (Last, First, Middle Initial) CHRISTINE MCCARTNEY HARRIS | | | Date of Receipt |
| | Mailing Address 25 JUSTIN LANE | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1554323623217 |
| | WETHERSFIELD | CT | 06109 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Claim | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) RICK M JELINEK | - | | Date of Receipt |
| | Mailing Address 5570 WOODSIDE LA | NE | | 12 / 31 / 2009 |
| | City SHOREWOOD | State MN | Zip Code 55331 | Transaction ID: PR1554323923217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 2307.60 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Business | n Segment CEO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | _1 | | 3152.60 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|----------------------------------|---|---|
| | Any information copied from such Reports and or for commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) MICHAEL RADU | | | Date of Receipt |
| | Mailing Address 42820 VIOLA CT | | | 12 / 31 / 2009 |
| | City <u>LEESBURG</u> | State VA | Zip Code 20176 | Transaction ID: PR1554324523217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 667.23 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio VP Oper | | |
| | Receipt For: Primary General | - ' | e Year-to-Date ▼ | |
| | Other (specify) | | 936.45 | P/R Deduction (\$54.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) CATHERINE E SPILLANE | _ | | Date of Receipt |
| | Mailing Address 3807 PLEASANT VAL | 12 31 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1554324623217 |
| | MISSOURI CITY TX 77459 FEC ID number of contributing federal political committee. | | 77459 | Amount of Each Receipt this Period |
| | | | | 249.99 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Dir Busir | n ness Process | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) KIRK E STAPLETON | | | Date of Receipt |
| | Mailing Address 3840 INGLEWOOD A | 12 31 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1554324723217 |
| | SAINT LOUIS PARK | MN | 55416 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 650.00 |
| | Name of Employer UnitedHealth Group, Inc. Occupation VP Network Programs | | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ 1350.00 | P/R Deduction (\$50.00 Bi- |
| | Other (specify) ▼ | | 1350.00 | Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | | | 1567.22 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate sc for each category Detailed Summa | of the Circle Colliny of the |
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| , A | any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may not be sold or used name and address of any political | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. |
| | UnitedHealth Group Incorporated PAC | (United for Health) | |
| | Full Name (Last, First, Middle Initial) AMY E WEIMERSKIRCH | | Date of Receipt |
| | Mailing Address 17214 WILDERNESS | | 12 31 2009 |
| | City PRIOR LAKE | State Zip Code MN 55372 | Transaction ID: PR1554324923217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C 33372 | 99.97 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Mgr Product Research | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ | P/R Deduction (\$7.69 Bi-W-eekly) |
| _ | Full Name (Last, First, Middle Initial) KAREN L ERICKSON | L | Date of Receipt |
| | Mailing Address 13805 53RD AVENUE | 12 31 2009 | |
| | City | State Zip Code | Transaction ID: PR1575957623217 |
| | PLYMOUTH | MN 55446 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 2307.60 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation SVP Corporate Controller | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | P/R Deduction (\$192.30 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) ERNEST MONFILETTO | Date of Receipt | |
| | Mailing Address 3062 COMFORT ROA | D | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR1575958123217 |
| | NEW HOPE FEC ID number of contributing federal political committee. | PA 18938 | Amount of Each Receipt this Period 999.96 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Plan President | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ | P/R Deduction (\$76.92 Bi-Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | 3407.53 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 173 (check only one) X 11a |
|--------|---|------------------------|---|--|
| , C | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | ne name and add | dress of any political committee to | on for the purpose of soliciting contributions |
| | UnitedHealth Group Incorporated PA | C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) LEE D VALENTA | | | Date of Receipt |
| | Mailing Address 4701 GOLF TERRAC | ΣE | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1575958523217 |
| | EDINA | MN | 55424 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 2307.60 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Business | n Segment COO | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) DAVID B OSTLER | | | Date of Receipt |
| | Mailing Address 11804 Waterford Roa | 12 31 YYYY 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1580864623217 |
| | EDEN PRAIRIE | MN | 55347 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation SVP IBS | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) THOMAS S PAUL | | | Date of Receipt |
| | Mailing Address 2006 QUEEN AVENU | 1 2 3 1 2 0 0 9 | | |
| | City | State | Zip Code | Transaction ID: PR1580864723217 |
| | MINNEAPOLIS | MN | 55405 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 499.98 |
| | Name of Employer UnitedHealth Group, Inc. | | Segment COO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1038.42 | P/R Deduction (\$38.46 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 2937.58 |

| SCHEDULE A (FEC FO | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 173 (check only one) X 11a 11b 11c 12 |
|--|---|---|
| Any information copied from such F | Reports and Statements may not be sold or used by any pers han using the name and address of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Fu | | o solicit contributions from such committee. |
| Full Name (Last, First, Middle In ROBERT THOMAS WEBB | itial) | Date of Receipt |
| Mailing Address 4516 DREX | KEL AVENUE | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City <u>EDINA</u> | State Zip Code MN 55424 | Transaction ID: PR1580865323217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2307.60 |
| Name of Employer UnitedHealth Group, Inc. | Occupation CEO Care Solutions | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| Full Name (Last, First, Middle In RICHARD J HUGHES | itial) | Date of Receipt |
| Mailing Address 735 SAINT | MORITZ | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR1596304123217 |
| VICTORIA FEC ID number of contributing federal political committee. | MN 55386 | Amount of Each Receipt this Period 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Human Capital Dvlpmt | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| Full Name (Last, First, Middle In | itial) | Date of Receipt |
| Mailing Address 16848 STIF | RRUP LN | 1 2 3 1 2 0 0 9 |
| City EDEN PRAIRIE | State Zip Code MN 55347 | Transaction ID: PR1596304323217 |
| FEC ID number of contributing federal political committee. | MN 55347 | Amount of Each Receipt this Period 195.00 |
| Name of Employer | Occupation Sr Deputy General Counsel | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 325.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| SURTOTAL of Receipts This Page | e (optional) | 2632.60 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 / 173 (check only one) X |
|--------|--|---|---|---|
| A C | ny information copied from such Reports and S r for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAG | C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) JOHN KING | | | Date of Receipt |
| | Mailing Address 1 EDEN HILL LANE | | | 12 31 YYYYY 12009 |
| | City SOUTHWICK | State MA | Zip Code 01077 | Transaction ID: PR1596304423217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio VP Sales | n s - Uniprise | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) GAYE ADAMS MASSEY | | | Date of Receipt |
| | Mailing Address 11641 TANGLEWOO | 12 31 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1596304523217 |
| | EDEN PRAIRIE | MN | 55347 | Amount of Each Receipt this Period |
| | federal political committee. | C ID number of contributing eral political committee. | | |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Sr Deput | n y General Counsel | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 3115.26 | P/R Deduction (\$115.38 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) JAYS MATUSHAK | | | Date of Receipt |
| | Mailing Address 9346 SHETLAND RO | 12 31 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1596304623217 |
| | EDEN PRAIRIE | MN | 55347 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 150.02 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio VP Healt | n hcare Econ | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi-Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | | | 1779.96 |

| SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 173 (check only one) X 11a |
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| Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes. | d Statements may not be sold or used by any personal statements and address of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated Page 1 | AC (United for Health) | |
| Full Name (Last, First, Middle Initial) GEORGE L MIKAN III | | Date of Receipt |
| Mailing Address 4901 ROLLING GRI | EEN PARKWAY | M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y |
| City | State Zip Code | Transaction ID: PR1596304823217 |
| EDINA | MN 55436 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2307.60 |
| Name of Employer UnitedHealth Group, Inc. | Occupation EVP CFO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) CAROL B MORNESS | | Date of Receipt |
| Mailing Address 401 N 2ND ST UNI | Т 512 | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR1596304923217 |
| MINNEAPOLIS | MN 55401 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 499.98 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Underwriting | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1038.42 | P/R Deduction (\$38.46 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) DANIEL J SCHUMACHER | | Date of Receipt |
| Mailing Address 11582 RASPBERRY | 'HILL ROAD | 12 31 7 2009 |
| City | State Zip Code | Transaction ID: PR1596305423217 |
| EDEN PRAIRIE | MN 55344 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 99.97 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Market Group CFO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| CURTOTAL of Descripto This Descriptoral | | 2907.55 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 32/1/3 (check only one) |
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| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I | PAC (United for | Health) | |
| Full Name (Last, First, Middle Initial) DAVID LYNN SPARKMAN | | | Date of Receipt |
| Mailing Address 11709 WELTERS | WAY | | 12 31 2009 |
| City EDEN PRAIRIE | State MN | Zip Code 55347 | Transaction ID: PR1596305523217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 99.97 |
| Name of Employer UnitedHealth Group, Inc. | Occupatio Market G | n Group CAO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| Full Name (Last, First, Middle Initial) SCOTT E THEISEN | | | Date of Receipt |
| Mailing Address 1950 MEADOWW | 12 31 YYYYY 12 31 2009 | | |
| City LONG LAKE | State MN | Zip Code 55356 | Transaction ID: PR1596305623217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 249.99 |
| Name of Employer UnitedHealth Group, Inc. | Occupatio SVP Pro | n duct Development | |
| Receipt For: Primary General Other (specify) ▼ | <u> </u> | Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) THOMAS D LEWIS | | | Date of Receipt |
| Mailing Address 306 CHIPPEWA A | VENUE | | 1 2 3 1 2 0 0 9 |
| City TAMPA | State FL | Zip Code 33606 | Transaction ID: PR1596306923217 |
| FEC ID number of contributing federal political committee. | C | 33000 | Amount of Each Receipt this Period 499.98 |
| Name of Employer UnitedHealth Group, Inc. Occupation Health PI | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1038.42 | P/R Deduction (\$38.46 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (option: | I | | 849.94 |

| | EDULE A (FEC Form 3X) ZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 33 / 173 (check only one) X |
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| Any info | rmation copied from such Reports and S | tatements may | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAM | E OF COMMITTEE (In Full) edHealth Group Incorporated PAC | | | |
| | Name (Last, First, Middle Initial) ERT W OBERRENDER | | | Date of Receipt |
| Maili | ng Address 4505 MOORLAND AV | ENUE | | 1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City EDI | NA | State MN | Zip Code 55424 | Transaction ID: PR1596307023217 Amount of Each Receipt this Period |
| | ID number of contributing ral political committee. | C | | 419.00 |
| Nam Unite | e of Employer edHealth Group, Inc. | Occupatio SVP Trea | | |
| Rece | oipt For: Primary General Other (specify) ▼ | . ' | e Year-to-Date ▼ 825.00 | P/R Deduction (\$50.00 Bi- Weekly) |
| | Name (Last, First, Middle Initial) NETH J ANDERSON | | | Date of Receipt |
| Maili | ng Address 12700 NE 245TH AVE | 1 2 3 1 2 0 0 9 | | |
| City | JSH PRAIRIE | State WA | Zip Code | Transaction ID: PR1596309223217 |
| FEC | ID number of contributing al political committee. | C | 98606 | Amount of Each Receipt this Period 99.97 |
| Nam Unite | e of Employer edHealth Group, Inc. | Occupatio Business | n S Development Director | |
| Rece | eipt For: Primary General Other (specify) ▼ | . ' | e Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| | Name (Last, First, Middle Initial) E BEDNAR FLYNN | | | Date of Receipt |
| | ng Address 3318 FOXRIDGE CIRC | CLE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | AD A | State | Zip Code | Transaction ID: PR1596309723217 |
| | ID number of contributing al political committee. | FL C | 33618 | Amount of Each Receipt this Period 325.00 |
| Nam Unite | Name of Employer UnitedHealth Group, Inc. Occupation VP | | n | |
| Rece | oipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 640.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| SURTO | DTAL of Receipts This Page (optional) | | | 843.97 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 34 / 173 (check only one) X 11a |
|---|---|--|---|
| 7 | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | Statements may not be sold or used by any persone name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | y officed realth Group incorporated FA | C (Officed for Fleatin) | |
| | Full Name (Last, First, Middle Initial) JEFFREY'S COOK | OT. | Date of Receipt |
| | Mailing Address 21311 OAK RIDGE (| <i>3</i> 1 | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR1596311323217 |
| | SAN ANTONIO | TX 78258 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 103.86 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Health Plan CEO | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 265.42 | P/R Deduction (\$11.54 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) RAMON E COTO | | Date of Receipt |
| | Mailing Address 14021 LEANING PIN | 12 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | City | State Zip Code | Transaction ID: PR1596311523217 |
| | MIAMI LAKES | FL 33014 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 249.99 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP General Management | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) TRACY L DAVIDSON | Date of Receipt | |
| | Mailing Address 6058 HARBOUR TO | 12 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | City | State Zip Code | Transaction ID: PR1596311623217 |
| | WESTERVILLE | OH 43082 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 99.97 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Network Contracting | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| | CURTOTAL of Possints This Poss (entions) | | 453.82 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | ·) | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a |
|---|-----------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may | y not be sold or used by any perso | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated Page 1 | | • | |
| Full Name (Last, First, Middle Initial) JEFFREY P DOOLEY | | | Date of Receipt |
| Mailing Address 407 GRENACHE CI | RCLE | | M M / D D / Y Y Y Y |
| City | State | Zip Code | 1 2 3 1 2 0 0 9 Transaction ID: PR1596312123217 |
| CLAYTON | CA | 94517 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 150.02 |
| Name of Employer UnitedHealth Group, Inc. | Occupation KA VP S | n ales and Account Mgmt | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) RICHARD G DUNLOP | | | Date of Receipt |
| Mailing Address 2964 WYSE COUR | 12 31 YYYYY 12 31 | | |
| City LEWIS CENTER | State OH | Zip Code 43035 | Transaction ID: PR1596312323217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Chief of S | | |
| | | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 193 194 | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) JILLIAN FOUCRE | | | Date of Receipt |
| Mailing Address 314 GREENFIELD | | | 1 2 3 1 2 0 0 9 |
| City | State | Zip Code | Transaction ID: PR1596312723217 |
| GLEN ELLYN | <u>IL</u> | 60137 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 325.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation COO | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 630.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| | | | 605.02 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 36 / 173 (check only one) X 11a |
|---|---|----------------------------------|---|---|
| , | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may e name and add | not be sold or used by any persolress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | UnitedHealth Group Incorporated PAC | C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) STEVAN D GARCIA | | | Date of Receipt |
| | Mailing Address 4675 DELAWARE DR | 12 31 2009 | | |
| | City LARKSPUR | State CO | Zip Code | Transaction ID: PR1596312923217 |
| | FEC ID number of contributing federal political committee. | C | 80118 | Amount of Each Receipt this Period 249.99 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Gene | n ral Management | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) EDWARD J HAWLEY | | | Date of Receipt |
| | Mailing Address 7642 N VIA CAMELLO | 12 31 2009 | | |
| | City State | | Zip Code | Transaction ID: PR1596313623217 |
| | SCOTTSDALE | AZ | 85258 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 499.98 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation SB SVP I | n National SIs & AM | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1038.42 | P/R Deduction (\$38.46 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) KURT A HEUMANN | Date of Receipt | | |
| | Mailing Address 9825 GERALD DR | 12 31 YYYYY | | |
| | City | State | Zip Code | Transaction ID: PR1596313723217 |
| | SAINT LOUIS FEC ID number of contributing federal political committee. | C | 63128 | Amount of Each Receipt this Period 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Finan | | |
| | Receipt For: Primary General Other (specify) | _, . | Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi-Weekly) |
| Г | SUBTOTAL of Receipts This Page (optional) | 1 | | 1009.97 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 173 (check only one) X |
|-----------------|--|----------------------------------|---|---|
| A | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements may e name and add | not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for | Health) | |
| ∠ \ . | Full Name (Last, First, Middle Initial) MARY M HIGGINS | | | Date of Receipt |
| | Mailing Address 54 BELCREST ROAD |) | | 12 31 7 2009 |
| | City WEST LIABTEORD | State CT | Zip Code | Transaction ID: PR1596313823217 |
| | WEST HARTFORD FEC ID number of contributing federal political committee. | C | 06107 | Amount of Each Receipt this Period 99.97 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation | 1 | |
| | Receipt For: | - I '' | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 7.199.1094.10 | 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| _ 3. | Full Name (Last, First, Middle Initial) TIMOTHY T KAJA | | | Date of Receipt |
| | Mailing Address W279 N2819 ROCKY | 12 31 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1596314523217 |
| | PEWAUKEE | WI | 53072 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 99.97 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation SVP | 1 | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| _ | Full Name (Last, First, Middle Initial) JASON A NORRIS | | | Date of Receipt |
| | Mailing Address 34 CASTLEROCK LAI | NE | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1596316423217 |
| | BOLTON | CT | 06043 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 99.97 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Sr Under | n writing Consultant | |
| | Receipt For: | , ' | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| Г | SUBTOTAL of Receipts This Page (optional) | | | 299.91 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 173 (check only one) X |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any personant the name and address of any political committee to | on for the purpose of soliciting contributions |
| UnitedHealth Group Incorporated Page 1 | AC (United for Health) | |
| Full Name (Last, First, Middle Initial) JOHN H RENNICK JR | | Date of Receipt |
| Mailing Address 3220 LAKEWOOD I | EDGE DRIVE | 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR1596316823217 |
| CHARLOTTE FEC ID number of contributing federal political committee. | NC 28269 | Amount of Each Receipt this Period 249.99 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Medical Director | _ |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) . STEPHAN S RODGERS | | Date of Receipt |
| Mailing Address 3455 CONGRESS S | | 12 / 31 / 2009 |
| City FAIRFIELD | State Zip Code CT 06824 | Transaction ID: PR1596317123217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2307.60 |
| Name of Employer UnitedHealth Group, Inc. | Occupation SVP Healthcare Strategies | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) DANIEL I ROSENTHAL | | Date of Receipt |
| Mailing Address 6500 SW 131 STRE | EET | 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR1596317323217 |
| MIAMI FEC ID number of contributing federal political committee. | FL 33156 | Amount of Each Receipt this Period 249.99 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Health Plan CEO | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optional |) | 2807.58 |
| TOTAL This Period (last page this line numb | , | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 39 / 173 (check only one) X |
|---------|--|----------------------------------|---|---|
| 4 | uny information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAG | C (United for | Health) | |
| ۸. | Full Name (Last, First, Middle Initial) KEVIN J RUTH | | | Date of Receipt |
| | Mailing Address 16621 ALEXANDER M | MANOR DRI | | 12 31 7 2009 |
| | City SILVER SPRING | State MD | Zip Code 20905 | Transaction ID: PR1596317423217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 975.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio SVP Ent | n erprise Clinical Alignm | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 2025.00 | P/R Deduction (\$75.00 Bi-Weekly) |
| _ 3. | Full Name (Last, First, Middle Initial) MANUEL A SELVA | | | Date of Receipt |
| | Mailing Address 7602 NW 127TH MAN | 12 31 YYYYY 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1596317723217 |
| | PARKLAND FEO.ID | FL | 33076 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 249.99 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Medical I | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) ROXANNE THOMAS | | | Date of Receipt |
| | Mailing Address 720 COUNTRY LAKE | S DR | | 12 31 YYYY 2009 |
| | City | State | Zip Code | Transaction ID: PR1596318923217 |
| | CIRCLE PINES | MN | 55014 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.02 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Product | Director | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi-Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) . | | | 1375.01 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 40 / 173 (check only one) X |
|----|---|--------------------------------|---|---|
| 0 | any information copied from such Reports and r for commercial purposes, other than using th | Statements ma e name and ad | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for | Health) | |
| ۷. | Full Name (Last, First, Middle Initial) CHRIS B TURNAU | | | Date of Receipt |
| | Mailing Address PO BOX 43216 3741 DUNBAR KNOL | I | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1596319123217 |
| | BROOKLYN PARK | MN | 55443 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Tax | n | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) FRANK M VIERLING | | | Date of Receipt |
| | Mailing Address N5021 GREENS COU | ULEE | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1596319423217 |
| | ONALASKA | WI | 54650 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Gene | n eral Management | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) M LAURIE WASSERSTEIN | | | Date of Receipt |
| | Mailing Address 92 GOODWIN CIRCL | LE | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1596319523217 |
| | HARTFORD | CT | 06105 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 249.99 |
| | Name of Employer UnitedHealth Group, Inc. | -, ' | onal VP Account Mgmt | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| Г | SUBTOTAL of Receipts This Page (optional) | 1 | | 509.99 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 41 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|----------|---|-------------------------|---|--|
| , | ny information copied from such Reports and r for commercial purposes, other than using the | Statements made and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for | Health) | |
| <u>_</u> | Full Name (Last, First, Middle Initial) MYRON R WERLEY | | | Date of Receipt |
| | Mailing Address 4260 FOXBERRY CC | DURT | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1596319623217 |
| | MEDINA FEC ID number of contributing federal political committee. | C | 55340 | Amount of Each Receipt this Period 162.50 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Dir Unde | | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 337.50 | P/R Deduction (\$12.50 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) WILLIAM R WILSON | | | Date of Receipt |
| | Mailing Address 7 CLIFFORD AVENU | E | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1596320023217 |
| | TOLLAND | CT | 06084 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Dir Unde | | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) JANET P WRIGHT | | | Date of Receipt |
| | Mailing Address 7310 WELLS RD | | | 12 31 YYYYY 12009 |
| | City | State | Zip Code | Transaction ID: PR1596320123217 |
| | PLAIN CITY | OH | 43064 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Mgr IT | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | • | | 422.50 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 42 / 173 (check only one) X |
|-----------|--|------------------------------|---|---|
| , | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAG | C (United for | Health) | |
| . ∠ \. | Full Name (Last, First, Middle Initial) JOHN P DODDY | | | Date of Receipt |
| | Mailing Address 1 ROXITICUS VIEW | | | 12 31 7 2009 |
| | City CHESTER | State NJ | Zip Code 07930 | Transaction ID: PR1600597323217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio VP Inform | n mation Technology | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) MICHAEL D MICHAUX | | | Date of Receipt |
| | Mailing Address 742 GOODRICH AVE | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1600598523217 |
| | SAINT PAUL FEC ID number of contributing federal political committee. | C | 55105 | Amount of Each Receipt this Period 150.02 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio VP Acqu | n istions & Integrations | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) LEWIS G SANDY | | | Date of Receipt |
| | Mailing Address 4800 SUNNYSLOPE | ROAD E | | 12 31 2009 |
| | City EDINA | State MN | Zip Code | Transaction ID: PR1600598723217 |
| | FEC ID number of contributing federal political committee. | C | 55424 | Amount of Each Receipt this Period 845.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio SVP Clin | n iical Advancement | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1755.00 | P/R Deduction (\$65.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 1255.02 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 43 / 173 (check only one) X |
|-----------|---|---------------------|---|---|
| , | Any information copied from such Reports and or for commercial purposes, other than using the | Statements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for | Health) | |
| . ∠ \. | Full Name (Last, First, Middle Initial) MICHAEL P CAUTIN | | | Date of Receipt |
| | Mailing Address 8770 NOTTINGHAM | POINTE WA | Y | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR1602667523217 |
| | FT MYERS | FL | 33912 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 249.99 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Business | n s Segment CIO | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) MATTHEW W PETERSON | | | Date of Receipt |
| | Mailing Address 20595 SPENCER LA | NE | | 12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR1602669923217 |
| | SHOREWOOD | MN | 55331 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 520.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Market G | n Group CAO | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 1080.00 | P/R Deduction (\$40.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) JEFF W MALONEY | | | Date of Receipt |
| | Mailing Address 18076 CLEAR SPRIN | IG LANE | | 12 31 YYYYY 12009 |
| | City | State | Zip Code | Transaction ID: PR1613243523217 |
| | EDEN PRAIRIE | MN | 55347 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1249.95 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Opera | n ations - Evercare | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2596.05 | P/R Deduction (\$96.15 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 2019.94 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 173 (check only one) X |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perse name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| UnitedHealth Group Incorporated PAC | C (United for Health) | |
| Full Name (Last, First, Middle Initial) PAT CELLI | | Date of Receipt |
| Mailing Address 481 BENITO STREET | | 12 / 31 / 2009 |
| City EAST MEADOW | State Zip Code NY 11554 | Transaction ID: PR1613243723217 |
| EAST MEADOW FEC ID number of contributing federal political committee. | NY 11554 | Amount of Each Receipt this Period 99.97 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Plan President | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| Full Name (Last, First, Middle Initial) ALLEN LAWRENCE FINKELSTEIN | | Date of Receipt |
| Mailing Address 8 EAST 76TH STREE | Т | 12 31 YYYY 12 31 2009 |
| City | State Zip Code | Transaction ID: PR1620989023217 |
| NEW YORK | NY 10021 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 499.98 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sr Medical Director | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1038.42 | P/R Deduction (\$38.46 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) LINDA L CULLEN | | Date of Receipt |
| Mailing Address 441 E N BROADWAY | | 12 31 2009 |
| City COLUMBUS | State Zip Code OH 43214 | Transaction ID: PR1632359723217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Assoc Dir Regulatory Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optional) | | 729.95 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 45/1/3 (check only one) |
|---|--|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using | and Statements may g the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated | PAC (United for | Health) | |
| Full Name (Last, First, Middle Initial) DANIEL S WALLER | | | Date of Receipt |
| Mailing Address 17034 BAINBRIDG | GE DR | | M M / D D / Y Y Y Y Y 1 1 2 3 1 2 0 0 9 |
| City EDEN PRAIRIE | State MN | Zip Code 55347 | Transaction ID: PR1632360023217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Finar | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 207.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) WILLIAM F KENNEDY | I | | Date of Receipt |
| Mailing Address 14 MYRA LN | | | 1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City BURLINGTON | State CT | Zip Code 06013 | Transaction ID: PR1653443123217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 260.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation | n oject Mgmt | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 498.51 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) STEVE R KOOREN | | | Date of Receipt |
| Mailing Address 4444 ELLSWORTI | H DRIVE | | 12 31 2009 |
| City EDINA | State MN | Zip Code 55435 | Transaction ID: PR1653443223217 |
| FEC ID number of contributing federal political committee. | C | 33433 | Amount of Each Receipt this Period 749.97 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Business | n : Segment CFO | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1557.63 | P/R Deduction (\$57.69 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (option | | | 1139.97 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|---|
| Any information copied from such Reports or for commercial purposes, other than us | s and Statements may not be sold or used by any perso ing the name and address of any political committee to | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate | | |
| Full Name (Last, First, Middle Initial) THOMAS J BELLAMY | | Date of Receipt |
| Mailing Address 2743 THOMAS A | AVENUE SOUTH | 12 31 7 2009 |
| City MINNEAPOLIS | State Zip Code MN 55416 | Transaction ID: PR1653444323217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 750.10 |
| Name of Employer UnitedHealth Group, Inc. | Occupation SB VP Sales and Account Mgmt | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1557.90 | P/R Deduction (\$57.70 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) ROBERT L HOLMAN | | Date of Receipt |
| Mailing Address N12464 HORSE | SHOE BEND RD | 1 2 3 1 2 0 0 9 |
| City MINONG | State Zip Code WI 54859 | Transaction ID: PR1653445023217 |
| FEC ID number of contributing federal political committee. | WI 54859 | Amount of Each Receipt this Period 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Provider Reimb | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) DANIEL T SULLIVAN | I | Date of Receipt |
| Mailing Address 57 QUORN HUN | IT ROAD | 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR1653445823217 |
| WEST SIMSBURY FEC ID number of contributing federal political committee. | CT 06092 | Amount of Each Receipt this Period 150.02 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir IT Project Mgmt | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (onti- | onal) | 1030.12 |

| SCHEDULE A (FEC For ITEMIZED RECEIPTS | m 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 47/1/3 (check only one) X 11a |
|---|--------------------------|---|---|
| Any information copied from such Report for commercial purposes, other that | ports and Statements may | not be sold or used by any perse lress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor | <u> </u> | | |
| Full Name (Last, First, Middle Initia JOYCE A LARKIN | al) | | Date of Receipt |
| Mailing Address 511 WESTM | NISTER ROAD | | M M / D D / Y Y Y Y |
| City EDGEWATER | State MD | Zip Code 21037 | Transaction ID: PR1677771623217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 999.96 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Govt Rel | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2076.84 | P/R Deduction (\$76.92 Bi- Weekly) |
| Full Name (Last, First, Middle Initia | al) | | Date of Receipt |
| Mailing Address 9615 HARDY | , | | 1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City OVERLAND PARK | State KS | Zip Code 66212 | Transaction ID: PR1711240223217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00212 | 99.97 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sr Busine | n ess Process Analyst | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| Full Name (Last, First, Middle Initia Mr. MILES S SNOWDEN | al) | | Date of Receipt |
| Mailing Address 3568 REMBF | RANDT ROAD | | 12 31 2009 |
| City | State | Zip Code | Transaction ID: PR1746717823217 |
| ATLANTA FEC ID number of contributing federal political committee. | GA C | 30327 | Amount of Each Receipt this Period 2307.60 |
| Name of Employer UnitedHealth Group, Inc. | Occupation SVP Hea | n Ith Advancement | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi-Weekly) |
| SUBTOTAL of Receipts This Page (| entional) | | 3407.53 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 173 (check only one) X | | |
|------------------------|--|---|---|---|--|--|
| A 0 | ny information copied from such Reports and r for commercial purposes, other than using th | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for | Health) | | | |
| ↓ \ . | Full Name (Last, First, Middle Initial) JOHN T KOUTSOUMPAS JR | | | Date of Receipt | | |
| | Mailing Address 7202 CONNECTICUT | AVENUE | | 12 / 31 / 2009 | | |
| | CHEVY CHASE | State | Zip Code | Transaction ID: PR1748514523217 | | |
| | CHEVY CHASE FEC ID number of contributing federal political committee. | C | 20815 | Amount of Each Receipt this Period 2307.60 | | |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Public | | | | |
| | Receipt For: | | e Year-to-Date $lacktriangleright$ | | | |
| | Primary General Other (specify) ▼ | 139.53 | 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) | | |
| - 3. | Full Name (Last, First, Middle Initial) ANN DESTWOLINSKI | | | Date of Receipt | | |
| | Mailing Address 19117 ARTESIAN CO | ailing Address 19117 ARTESIAN COURT | | | | |
| | City | State | Zip Code | 1 2 3 1 2 0 0 9 Transaction ID: PR1806441623217 | | |
| | DERWOOD | MD | 20855 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 143.00 | | |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Assoc D | on ir Utilization Mgmt | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 297.00 | P/R Deduction (\$11.00 Bi- Weekly) | | |
| . – | Full Name (Last, First, Middle Initial) JASON DUDASH | 1 | | Date of Receipt | | |
| | Mailing Address 2918 BACHMAN RD | | | 12 31 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1806441923217 | | |
| | MANCHESTER | MD | 21102 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 130.00 | | |
| | Name of Employer UnitedHealth Group, Inc. | _ ' | lications Dvlpmnt | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) | | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 2580.60 | | |

| I | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(for each category of the Detailed Summary Page | (check only only) e |
|-----------------|--|--|--|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements may not be sold or used by any e name and address of any political commi | y person for the purpose of soliciting contributions ittee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for Health) | |
| ∠ 4 . | Full Name (Last, First, Middle Initial) JEFF L LEVINE | | Date of Receipt |
| | Mailing Address 619 BOND AVE | | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR1806443223217 |
| | REISTERSTOWN EEC ID number of contributing | MD 21136 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation PS Mgr Acct Mgmt (FEHBP) | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 540.0 | 0 P/R Deduction (\$20.00 Bi- Weekly) |
| _ 3. | Full Name (Last, First, Middle Initial) WILLIAM TALAMANTES | | Date of Receipt |
| • | Mailing Address 11618 ROLLING MEA | 1 2 3 1 2 0 0 9 | |
| | City | Transaction ID: PR1806444723217 | |
| | GREAT FALLS | VA 22066 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 228.80 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Six Sigma Consultant | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 475.2 | P/R Deduction (\$17.60 Bi- Weekly) |
| -). | Full Name (Last, First, Middle Initial) LORI A ARCHER | Date of Receipt | |
| | Mailing Address 2781 SADDLE CLUB | 1 2 3 1 2 0 0 9 | |
| | City | State Zip Code | Transaction ID: PR1806750123217 |
| | GREENWOOD | IN 46143 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 150.02 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Provider Svc | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 311.5 | 8 P/R Deduction (\$11.54 Bi- Weekly) |
| Γ | | | 638.82 |

| | EDULE A (FEC Form 3X) IIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|-------------|---|------------------------------|---|--|
| Any info | ormation copied from such Reports and Sommercial purposes, other than using the | Statements mage name and add | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAN | ME OF COMMITTEE (In Full) itedHealth Group Incorporated PAG | | | |
| | Name (Last, First, Middle Initial) EGORY A BAYER | | | Date of Receipt |
| Mail | ing Address 3369 STAGE COACH | DR | | 12 31 2009 |
| City LAF | FAYETTE | State CA | Zip Code 94549 | Transaction ID: PR1806750223217 Amount of Each Receipt this Period |
| | CID number of contributing eral political committee. | C | | 455.00 |
| Nam Unit | ne of Employer tedHealth Group, Inc. | Occupatio CEO Bel | n navioral Solutions | |
| Rec | eipt For: Primary General Other (specify) | , ' | e Year-to-Date ▼ 1120.00 | P/R Deduction (\$35.00 Bi- Weekly) |
| | Name (Last, First, Middle Initial) JL M EMERSON | | | Date of Receipt |
| Mail | Mailing Address 13904 NEVADA AVE S | | | 12 31 7 2009 |
| • | City State Zip Code | | | Transaction ID: PR1806750323217 |
| FEC | VAGE CID number of contributing eral political committee. | C | 55378 | Amount of Each Receipt this Period 499.98 |
| Nam Unit | ne of Employer tedHealth Group, Inc. | Occupatio | n s Segment CFO | |
| Rec | eipt For: Primary General Other (specify) | - ' | e Year-to-Date ▼ 1038.42 | P/R Deduction (\$38.46 Bi- Weekly) |
| | Name (Last, First, Middle Initial) | | | Date of Receipt |
| | ing Address 416 BEAR AVE S | | | M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y |
| City | | State MN | Zip Code 55127 | Transaction ID: PR1832039823217 |
| FEC | VADNAIS HEIGHTS MN FEC ID number of contributing federal political committee. | | 33121 | Amount of Each Receipt this Period 123.50 |
| Nam Unit | Name of Employer UnitedHealth Group, Inc. Occupation Dir IT | | | |
| Rec | eipt For: Primary General Other (specify) | | e Year-to-Date ▼ 391.95 | P/R Deduction (\$9.50 Bi-W-eekly) |
| CUPT | OTAL of Receipts This Page (optional) . | 1 | | 1078.48 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 51 / 173 (check only one) X | |
|--|--|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. | |
| UnitedHealth Group Incorporated PA | C (United for Health) | | |
| Full Name (Last, First, Middle Initial) MICHELLE D LEDELL | | Date of Receipt | |
| Mailing Address 5115 SARATOGA LA | Mailing Address 5115 SARATOGA LANE | | |
| City | State Zip Code | Transaction ID: PR1882850623217 | |
| PLYMOUTH | MN 55442 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 520.00 | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Human Capital Partner | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | 1080.00 | P/R Deduction (\$40.00 Bi- Weekly) | |
| Full Name (Last, First, Middle Initial) CATHERINE K ANDERSON | | Date of Receipt | |
| Mailing Address 37 W 2000 S | | 1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| City | State Zip Code | Transaction ID: PR1903550723217 | |
| DRIGGS | ID 83422 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 750.10 | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Marketing Bus Dev | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| Primary General Other (specify) ▼ | 1557.90 | P/R Deduction (\$57.70 Bi- Weekly) | |
| Full Name (Last, First, Middle Initial) KAREN T BATTAGLINI | | Date of Receipt | |
| Mailing Address 70 ROCKLEDGE DR | | 1 2 3 1 2 0 0 9 | |
| City | State Zip Code | Transaction ID: PR1903554823217 | |
| SOUTH WINDSOR | CT 06074 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 99.97 | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Finance | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) | |
| | | 1370.07 | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 52 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|-----------|---|---|---|
| Ai | ny information copied from such Reports and for commercial purposes, other than using the | Statements may not be sold or used by any per- e name and address of any political committee | son for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for Health) | |
| <u>/_</u> | Full Name (Last, First, Middle Initial) KATHLEEN L BISHOP | | Date of Receipt |
| | Mailing Address 145 COTTAGE RD | 7:01 | 12 31 2009 |
| | City ENFIELD | State Zip Code CT 06082 | Transaction ID: PR1903560823217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Finance | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi-Weekly) |
| | Full Name (Last, First, Middle Initial) ERNEST R BOURASSA | | Date of Receipt |
| | Mailing Address 123 WESTCHESTER | 12 31 2009 | |
| | City | Transaction ID: PR1903562423217 | |
| | ANNANDALE | NJ 08801 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 99.97 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Network Programs | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| | Full Name (Last, First, Middle Initial) ROBERT J DUFEK | | Date of Receipt |
| | Mailing Address 816 PROMONTORY | PLACE | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR1903577123217 |
| | EAGAN FEC ID number of contributing federal political committee. | MN 55123 | Amount of Each Receipt this Period 325.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 675.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| Г | VIDTOTAL (D Ti: D (ii. l) | | 684.97 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 53 / 173 (check only one) X |
|-----|--|--------------------------------|---|---|
| , | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAG | C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) SUSAN B EDBERG | | | Date of Receipt |
| | Mailing Address 9727 WELLINGTON | 12 / 31 / 2009 | | |
| | City WOODBURY | State MN | Zip Code 55125 | Transaction ID: PR1903578123217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1300.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Custo | on omer Service | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 2700.00 | P/R Deduction (\$100.00 Bi- Weekly) |
| . – | Full Name (Last, First, Middle Initial) CHRISTOPHER T JOHNSON | _ | | Date of Receipt |
| | Mailing Address 12880 53RD STREET NORTH | | | 1 2 3 1 2 0 0 9 |
| | City State Zip Code | | | Transaction ID: PR1903591123217 |
| | STILLWATER | MN | 55082 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Gene | on eral Management | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) BRIAN K PRZYGOCKI | Date of Receipt | | |
| | Mailing Address 30 FAWN HILL DRIVI | 12 31 2009 | | |
| | City | State | Zip Code | Transaction ID: PR1903615123217 |
| | BURLINGTON FEO. ID acceptance of a contribution | CT | 06013 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 99.97 |
| | Name of Employer UnitedHealth Group, Inc. Occupation Dir IT | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| | SUBTOTAL of Receipts This Page (optional) . | • | | 1529.97 |

| SCHEDULE A (FEC Form | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 54 / 173 (check only one) X | | |
|--|---|---|--|--|
| Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated | s and Statements may not be sold or used by any persoing the name and address of any political committee to | on for the purpose of soliciting contributions | | |
| | | 1 | | |
| Full Name (Last, First, Middle Initial) JOHN C SANTELLI | | Date of Receipt | | |
| Mailing Address 17498 GEORGE | | 12 31 7 2009 | | |
| City EDEN PRAIRIE | State Zip Code MN 55347 | Transaction ID: PR1903622023217 Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C 33347 | 251.54 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation SVP & CIO | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 413.10 | P/R Deduction (\$20.00 Bi- Weekly) | | |
| Full Name (Last, First, Middle Initial) PAUL D WEYMOUTH | ' | Date of Receipt | | |
| Mailing Address 128 WOODLANI | 12 31 2009 | | | |
| City | · | | | |
| COVENTRY | CT 06238 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | 249.99 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Finance | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | |
| Primary General Other (specify) ▼ | 519.21 | P/R Deduction (\$19.23 Bi- Weekly) | | |
| Full Name (Last, First, Middle Initial) PAMELA JAMIAN | | Date of Receipt | | |
| Mailing Address 15316 COUTOLI | ENC RD | 12 31 2009 | | |
| City | State Zip Code | Transaction ID: PR1910417423217 | | |
| MAGALIA | CA 95954 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | 150.02 | | |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Customer Service | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi- Weekly) | | |
| OUDTOTAL (D Till D / . ii | onal) | 651.55 | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 55 / 173 (check only one) X 11a 11b 11c 12 |
|---|---|--|
| Any information copied from such Reports and | I Statements may not be sold or used by any personal statements and address of any political committee to | 13 14 15 16 nn for the purpose of soliciting contributions solicit contributions from such committee |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | | Solicit Contributions from Such Committee. |
| Full Name (Last, First, Middle Initial) BRADLEY E ALLEN | | Date of Receipt |
| Mailing Address 1046 THORNBERRY | / CREEK DR | 1 2 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City ONEIDA | State Zip Code WI 54155 | Transaction ID: PR2119466823217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 260.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sr Associate General Counsel | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) JON D D BEATY | | Date of Receipt |
| Mailing Address 12103 SE TURLEY I | 12 31 YYYY 12 31 2009 | |
| City HAPPY VALLEY | State Zip Code OR 97086 | Transaction ID: PR2119467823217 |
| FEC ID number of contributing federal political committee. | C 37000 | Amount of Each Receipt this Period 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Clinical Quality | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) RUSSELL A BENNETT | | Date of Receipt |
| Mailing Address 4 HALSEY AVE | | 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR2119468023217 |
| LAGUNA NIGUEL FEC ID number of contributing federal political committee. C Name of Employer UnitedHealth Group, Inc. Occupation Dir Marketing Bus Dev | | Amount of Each Receipt this Period 260.00 |
| | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optional) | | 650.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 56 / 173 (check only one) X 11a 11b 11c 12 |
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| Any information copied from such Reports a or for commercial purposes, other than using | nd Statements may not be sold or used by any persog the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I | PAC (United for Health) | |
| Full Name (Last, First, Middle Initial) SUSAN LYNN BERKEL | | Date of Receipt |
| Mailing Address 10 SHADOW GLE | | 12 31 2009 |
| City IRVINE | State Zip Code CA 92620 | Transaction ID: PR2119468123217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 2304.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation SVP Operations | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4992.00 | P/R Deduction (\$192.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) DAVID N N BOOHER | | Date of Receipt |
| Mailing Address 14812 SUMMERBI | 12 31 2009 | |
| City | State Zip Code | Transaction ID: PR2119468623217 |
| SAN DIEGO FEC ID number of contributing federal political committee. | CA 92128 | Amount of Each Receipt this Period 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Mgr Pharmacy Ops | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) KATHIE L BRYAN | I | Date of Receipt |
| Mailing Address 912 JOSHUA PLAG | CE | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR2119469423217 |
| SAN DIEGO | CA 92154 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 325.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Assoc Dir Mrkting Comm | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 675.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (option: | al) | 2759.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Κ) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 57/1/3 (check only one) |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F | PAC (United for | Health) | |
| Full Name (Last, First, Middle Initial) DANIEL P CADRIEL | | | Date of Receipt |
| Mailing Address 7010 W AURORA | 12 31 2009 | | |
| City GLENDALE | State AZ | Zip Code 85308 | Transaction ID: PR2119469823217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation PS Dir. S | n Strategic Accts | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) COLLEEN CAMPBELL | | | Date of Receipt |
| Mailing Address 5753 E SANTA ANA CYN RD # G502 | | | 1 2 3 1 2 0 0 9 |
| City ANAHEIM | State CA | Zip Code 92807 | Transaction ID: PR2119469923217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 195.00 |
| Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Clinical Quality | | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 405.00 | P/R Deduction (\$15.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) ROBIN L CARDER | | | Date of Receipt |
| Mailing Address 17881 W 35TH ST | 1 2 3 1 2 0 0 9 | | |
| City | State | Zip Code | Transaction ID: PR2119470123217 |
| SAND SPRINGS OK FEC ID number of contributing federal political committee. | | 74063 | Amount of Each Receipt this Period 130.00 |
| Name of Employer UnitedHealth Group, Inc. Occupation Sr Network Pricing Consultant | | | |
| Receipt For: Primary General Other (specify) ▼ | ' | Year-to-Date ▼ 260.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optional | I | | 455.00 |

| SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 58 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using t | d Statements may not be sold or used by any person he name and address of any political committee to | son for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | AC (United for Health) | |
| Full Name (Last, First, Middle Initial) DAVID S CARLSON | | Date of Receipt |
| Mailing Address 13130 WESTPORT | ST | 12 31 7 2009 |
| City MOORPARK | State Zip Code CA 93021 | Transaction ID: PR2119470223217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 260.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Marketing Research | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) LESLIE J CARTER | | Date of Receipt |
| Mailing Address 19021 POPPY HILL | CIRCLE | 12 31 2009 |
| City HUNTINGTON BEACH | State Zip Code CA 92648 | Transaction ID: PR2119470323217 |
| FEC ID number of contributing federal political committee. | C 32040 | Amount of Each Receipt this Period 1248.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Network Contracting | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2592.00 | P/R Deduction (\$96.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) HAROLD COATS | | Date of Receipt |
| Mailing Address 8112 SAPHIRE BAY | CIRCLE | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR2119471023217 |
| LAS VEGAS FEC ID number of contributing federal political committee. | NV 89128 | Amount of Each Receipt this Period 100.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Natl Medical Director/CMO | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | P/R Deduction (\$50.00 Bi- Weekly) |
| SUPTOTAL of Descripts This Descriptional | | 1608.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 59 / 173 (check only one) X |
|----|---|----------------------|---|---|
| An | y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full) | ne name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | UnitedHealth Group Incorporated PA | .C (United for | Health) | |
| ۸. | Full Name (Last, First, Middle Initial) RANDELL J CORREIA | | | Date of Receipt |
| | Mailing Address PO BOX 1025 | | | 12 7 31 7 2009 |
| | City PANCHO CANTA FF | State | Zip Code | Transaction ID: PR2119471323217 |
| | RANCHO SANTA FE | CA | 92067 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 390.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Pharr | n macy Operations | |
| | Receipt For: | | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 810.00 | P/R Deduction (\$30.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) RICHARD A CROSS | | | Date of Receipt |
| | Mailing Address 11361 DONOVAN RO | 12 31 2009 | | |
| | City | State | Zip Code | Transaction ID: PR2119471823217 |
| | ROSSMOOR | CA | 90720 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 325.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Deputy G | n General Counsel (Mgr) | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 675.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) KENNETH R DAVIS | Date of Receipt | | |
| | Mailing Address 7640 N 10TH AVE | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2119472523217 |
| | PHOENIX 550 ID. 11 ID. | AZ | 85021 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Medical [| | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | P/R Deduction (\$20.00 Bi- |
| | Other (specify) | L | 540.00 | Weekly) |
| | UBTOTAL of Receipts This Page (optional) | | | 975.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 60 / 173 (check only one) X | |
|---|--|---|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated In Full) | g the name and add | dress of any political committee to | on for the purpose of soliciting contributions | |
| Full Name (Last, First, Middle Initial) LINDA M DAYAN Mailing Address 5364 E ABBEYFIE | LD ST | | Date of Receipt | |
| City LONG BEACH | State CA | Zip Code 90815 | Transaction ID: PR2119472623217 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. Name of Employer UnitedHealth Group, Inc. | Occupation | | 247.00 | |
| Receipt For: Primary General Other (specify) | Chief of S | Staff Year-to-Date ▼ 513.00 | P/R Deduction (\$19.00 Bi-Weekly) | |
| Full Name (Last, First, Middle Initial) TODD J DEMBROSKI Mailing Address 1390 FINCH LN | I | | Date of Receipt 1 2 3 1 2 0 0 9 | |
| City | • | | | |
| GREEN BAY FEC ID number of contributing federal political committee. | C | 54313 | Amount of Each Receipt this Period | |
| Name of Employer UnitedHealth Group, Inc. Receipt For: | | n r Actuarial Services e Year-to-Date | | |
| Primary General Other (specify) ▼ | Aggregate | 405.00 | P/R Deduction (\$15.00 Bi- Weekly) | |
| Full Name (Last, First, Middle Initial) ANDREA E DILWEG | | | Date of Receipt | |
| Mailing Address 2321 CARROLL Pl | K SOUTH | | 12 31 2009 | |
| City | State | Zip Code | Transaction ID: PR2119472923217 | |
| LONG BEACH FEC ID number of contributing federal political committee. | | | Amount of Each Receipt this Period 481.00 | |
| Name of Employer UnitedHealth Group, Inc. | Name of Employer UnitedHealth Group, Inc. Occupation Govt Rel Dir | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 999.00 | P/R Deduction (\$37.00 Bi- Weekly) | |
| SUBTOTAL of Receipts This Page (options | al) | _ | 923.00 | |

| SCHEDULE A (FEC Form SITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 61 / 173 (check only one) X |
|---|---|---|
| Any information copied from such Reports or for commercial purposes, other than usi | and Statements may not be sold or used by any person g the name and address of any political committee to | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated | I PAC (United for Health) | |
| Full Name (Last, First, Middle Initial) TARA M DUNGAN | | Date of Receipt |
| Mailing Address PO BOX 691354 | | 12 31 YYYYY 12 31 2009 |
| City SAN ANTONIO | State Zip Code TX 78269 | Transaction ID: PR2119473223217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Mgr Medical & Clinical Ops | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) BRADLEY M FLUITT | | Date of Receipt |
| Mailing Address 108 NORTH ROL | LING OAKS | 1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: PR2119474123217 |
| SAN ANTONIO FEC ID number of contributing federal political committee. | TX 78253 | Amount of Each Receipt this Period 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 510.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) ANGELO GIAMBRONE | I | Date of Receipt |
| Mailing Address 1821 PARK STR | EET | 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR2119475123217 |
| HUNTINGTON BEACH FEC ID number of contributing federal political committee. | CA 92648 | Amount of Each Receipt this Period 780.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Network Contracting | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1620.00 | P/R Deduction (\$60.00 Bi- Weekly) |
| SURTOTAL of Receipts This Page (ontin | onal) | 1040.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 62 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|---------------------------------|---|---|
| 4 | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements mag e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions oscilicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for | Health) | |
| ∠ A. | Full Name (Last, First, Middle Initial) AMY J GILDERNICK | | | Date of Receipt |
| | Mailing Address 2709 WILLIAMS GRA | NT | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City DE PERE | State WI | Zip Code 54115 | Transaction ID: PR2119475223217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | OTTIO | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Assoc Di | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi-Weekly) |
| — В. | Full Name (Last, First, Middle Initial) SANDRA R GLICKMAN Mailing Address 13622 SIOUX RD | | | Date of Receipt |
| | | | | 12 31 2009 |
| | City WESTMINSTER | State CA | Zip Code 92683 | Transaction ID: PR2119475323217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 32000 | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Dir Case | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ С. | Full Name (Last, First, Middle Initial) MARIA C GONZALES | 1 | | Date of Receipt |
| | Mailing Address 14111 PARKHURST | | | M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y |
| | City | State | Zip Code | Transaction ID: PR2119475423217 |
| | SAN ANTONIO FEC ID number of contributing federal political committee. | C | 78232 | Amount of Each Receipt this Period 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Mgr Cas | | |
| | Receipt For: Primary General Other (specify) ▼ | + + · · · · · · · | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 520.00 |
| F | TOTAL This Period (last page this line number | | <u> </u> | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 63/1/3 (check only one) |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F | PAC (United for | Health) | |
| Full Name (Last, First, Middle Initial) DAVID M HANSEN | | | Date of Receipt |
| Mailing Address 33 VIA CONOCIDO |) | | M M / D D / Y Y Y Y |
| City | State | Zip Code | 1 2 3 1 2 0 0 9 Transaction ID: PR2119476723217 |
| SAN CLEMENTE | CA | 92673 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1755.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupatio Health P | | |
| Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 3645.00 | P/R Deduction (\$135.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) ANNE P HARVEY | | | Date of Receipt |
| Mailing Address 4916 THOR WAY | | | 12 31 2009 |
| City | State | Zip Code | Transaction ID: PR2119477223217 |
| <u>CARMICHAEL</u> | CA | 95608 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupatio Assoc Di | n ir Provider Svc | |
| Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| Primary General Other (specify) ▼ | 0 0 | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) PAULINE M HAYES | | | Date of Receipt |
| Mailing Address 2093 NORDIC STF | REET | | 1 2 3 1 2 0 0 9 |
| City | State | Zip Code | Transaction ID: PR2119477423217 |
| ORANGE | CA | 92865 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | 1 | r Finance | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | B/D D - 1 - 1' (210 00 D' |
| Other (specify) | | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | <u> </u> | | 2015.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 64 / 173 (check only one) X |
|---|--|--|
| Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated | and Statements may not be sold or used by any per ng the name and address of any political committee | son for the purpose of soliciting contributions |
| United Health Group incorporated | PAC (United for Health) | |
| Full Name (Last, First, Middle Initial) SAMUEL W HO | | Date of Receipt |
| Mailing Address 4220 OCEAN DR | | 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR2119477923217 |
| MANHATTAN BEACH FEC ID number of contributing federal political committee. | CA 90266 | Amount of Each Receipt this Period 1300.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Market Grp Chief Clinical Off | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2700.00 | P/R Deduction (\$100.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) KEVIN C HOSKINS | | Date of Receipt |
| Mailing Address 1918 E DIAMONI | 12 31 2009 | |
| City | State Zip Code | Transaction ID: PR2119478123217 |
| TEMPE | AZ 85283 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Mgr Reporting | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) KEVIN D HOST | • | Date of Receipt |
| Mailing Address 9090 ROTHERHA | M AVE | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR2119478223217 |
| SAN DIEGO | CA 92129 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 260.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Pharmacy Operations | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| | nal) | 1690.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 65 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|----------------------|---|--|
| Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | g the name and add | dress of any political committee to | on for the purpose of soliciting contributions |
| UnitedHealth Group Incorporated F | PAC (United for | neaitn) | |
| Full Name (Last, First, Middle Initial) DONNA L HUSER | | | Date of Receipt |
| Mailing Address 406 SKYTRAIL DR | | | 12 31 2009 |
| City | State TX | Zip Code 78130 | Transaction ID: PR2119478623217 |
| NEW BRAUNFELS FEC ID number of contributing federal political committee. | C | 76130 | Amount of Each Receipt this Period 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Spvsr Cla | | _ |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) BRIAN JEFFREY | | | Date of Receipt |
| Mailing Address 9 RIMROCK | | | 12 31 2009 |
| City | State | Zip Code | Transaction ID: PR2119479123217 |
| IRVINE | CA | 92603 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 325.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Netwo | n ork Contracting | |
| Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| Other (specify) | | 675.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) JOHN D JONES | l | | Date of Receipt |
| Mailing Address 3562 REDWOOD | | | 12 31 2009 |
| City | State | Zip Code | Transaction ID: PR2119479223217 |
| IRVINE | CA | 92606 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1248.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Govt | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2592.00 | P/R Deduction (\$96.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optional | al) | | 1703.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | .) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 66/1/3 (check only one) X 11a |
|--|--------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may the name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P | AC (United for | Health) | |
| Full Name (Last, First, Middle Initial) RONALD W JORDAN | | | Date of Receipt |
| Mailing Address 1626 NW 38TH ST | | | 12 31 2009 |
| City OKLAHOMA CITY | State OK | Zip Code 73118 | Transaction ID: PR2119479323217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 65.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Custo | n omer Service | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 225.00 | P/R Deduction (\$5.00 Bi-W-eekly) |
| Full Name (Last, First, Middle Initial) MARK C KNUTSON | | | Date of Receipt |
| Mailing Address 13102 PALOMAR V | VAY | | 12 31 2009 |
| City NORTH TUSTIN | State CA | Zip Code 92705 | Transaction ID: PR2119480223217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 195.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Custo | n omer Service | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 405.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) PAMELA S LEAL | | | Date of Receipt |
| Mailing Address 8371 CLARKDALE | | | 1 2 3 1 2 0 0 9 |
| City HUNTINGTON BEACH | State CA | Zip Code 92646 | Transaction ID: PR2119481023217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 32040 | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Netwo | n ork Contracting | |
| Receipt For: Primary General Other (specify) ▼ | - ' ' | Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optional | <u> </u> | | 390.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 67 / 173 (check only one) X 11a |
|---|---|--------------------------------|---|---|
| 2 | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | UnitedHealth Group Incorporated PAC | (United for | Health) | |
| | Full Name (Last, First, Middle Initial) CHARLES E LEWIS | | | Date of Receipt |
| | Mailing Address 7417 S LAFAYETTE C | | 7's Oads | 12 31 2009 |
| | City CENTENNIAL | State CO | Zip Code 80122 | Transaction ID: PR2119481523217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Sales Ma | n arket Leader - Medicare | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) SUSAN A LINDE | | | Date of Receipt |
| | Mailing Address 9845 JOEL CIRCLE | | | 12 31 7 9 9 |
| | City | State | Zip Code | Transaction ID: PR2119481823217 |
| | CYPRESS FEC ID number of contributing federal political committee. | CA | 90630 | Amount of Each Receipt this Period 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Mgr Regi | n ulatory Affairs | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) KATHRYN H LOURTIE | | | Date of Receipt |
| | Mailing Address 307 29TH STREET | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2119482123217 |
| | HERMOSA BEACH FEC ID number of contributing | CA | 90254 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Assoc Pr | n roject Manager | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 390.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 68 / 173 (check only one) X |
|------------|--|--------------------------------|--|---|
| A | ny information copied from such Reports and S r for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for | Health) | |
| . <u>/</u> | Full Name (Last, First, Middle Initial) SANDY M LUEDKE | | | Date of Receipt |
| | Mailing Address 1208 COPRINUS DR | | | 12 31 YYYYY 12009 |
| | City GREEN BAY | State WI | Zip Code 54313 | Transaction ID: PR2119482223217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 195.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation IT Datab | n ase Cnsltnt | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 405.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) TIMOTHY A LUKER | | | Date of Receipt |
| | Mailing Address 3115 S GOTHIC CIRC | CLE | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: PR2119482323217 |
| | GREEN BAY | WI | 54313 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 104.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Actua | n arial Services | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 216.00 | P/R Deduction (\$8.00 Bi-W-eekly) |
| _ | Full Name (Last, First, Middle Initial) HEATHER M MACE-MEADOR | l | | Date of Receipt |
| | Mailing Address 13531 CARLTON OAI | KS | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2119482523217 |
| | SAN ANTONIO | TX | 78232 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Healt | n thcare Econ | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 559.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|----|---|---|--|
| A | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person e name and address of any political committee to | on for the purpose of soliciting contributions |
| | UnitedHealth Group Incorporated PA | C (United for Health) | |
| | Full Name (Last, First, Middle Initial) JEFFREY S MASON | | Date of Receipt |
| | Mailing Address 5670 SHEMIRAN ST | Ctata Zia Cada | 12 31 2009 |
| | City LA VERNE | State Zip Code CA 91750 | Transaction ID: PR2119483023217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 195.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Medical Director | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 405.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) CHARLEEN M MILBURN | | Date of Receipt |
| | Mailing Address 3041 SAN LORENZO | WAY | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR2119483923217 |
| | CARMICHAEL | CA 95608 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 845.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Govt Rel Dir | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 1755.00 | P/R Deduction (\$65.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) BENITO M MIRANDA | | Date of Receipt |
| | Mailing Address PO BOX 1522 | | 1 2 3 1 2 0 0 9 |
| | City | State Zip Code | Transaction ID: PR2119484223217 |
| | LOMITA | CA 90717 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 156.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Community Developer - Sec Hor | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 324.00 | P/R Deduction (\$12.00 Bi- Weekly) |
| Γ, | SURTOTAL of Receipts This Page (antional) | | 1196.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 70 / 173 (check only one) X |
|---|---|--|---|
| 4 | Any information copied from such Reports and St or for commercial purposes, other than using the | atements may not be sold or used by any pers name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | (United for Health) | |
| | Full Name (Last, First, Middle Initial) NANCY J MONK | | Date of Receipt |
| | Mailing Address 12271 CHIANTI DRIVE | | 12 31 2009 |
| | City LOS ALAMITOS | State Zip Code CA 90720 | Transaction ID: PR2119484323217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 650.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Govt Affairs & Compl | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1350.00 | P/R Deduction (\$50.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) CAROLYN L MURRAY | | Date of Receipt |
| | Mailing Address 2288 BUFFALO RUN A | 1 2 3 1 2 0 0 9 | |
| | City | State Zip Code | Transaction ID: PR2119484823217 |
| | LAS VEGAS | NV 89123 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Acq Mgr Account Mgmt | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) SCOTT A NEURURER | | Date of Receipt |
| | Mailing Address 9852 SILVRETTA DRIV | /E | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR2119484923217 |
| | CYPRESS | CA 90630 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP General Management | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 578.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | 910.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 71 / 173 (check only one) X 11a |
|--|---|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any pers e name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| UnitedHealth Group Incorporated PA | C (United for Health) | |
| Full Name (Last, First, Middle Initial) KEITH E NYGARD | | Date of Receipt |
| Mailing Address 372 1/2 NEWPORT A | AVE | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR2119485023217 |
| LONG BEACH | CA 90814 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 260.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Assoc Dir Compliance | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) TRACY L OLLMANN-WAGNER | | Date of Receipt |
| Mailing Address 2839 TIMBER LANE | | 12 31 YYYY 2009 |
| City | State Zip Code | Transaction ID: PR2119485223217 |
| GREEN BAY | WI 54313 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 195.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Mgr Traffic/Workforce | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 405.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) WILLIAM H OLSON | | Date of Receipt |
| Mailing Address 1825 GALINDO AVE | APT 416 | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR2119485323217 |
| CONCORD | CA 94520 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Medical Director | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| SUBTOTAL of Receipts This Page (optional) . | | 585.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate sche for each category Detailed Summary | of the Crieck only one) |
|----------|--|--|--|
| Ar or | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | name and address of any political c | by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee. |
| Z | Full Name (Last, First, Middle Initial) | (Critical for Floatial) | |
| ۱. | CYNTHIA ANN OTTO Mailing Address 1855 O LEARY ROAD | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City NEENAH | State Zip Code WI 54956 | Transaction ID: PR2119485423217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 195.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Assoc Dir Case Mgmt | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 40.00 P/R Deduction (\$15.00 Bi-Weekly) |
| _ | Full Name (Last, First, Middle Initial) LYNDA A PAXSON | | Date of Receipt |
| | Mailing Address 3924 E GARNET PL | | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR2119485823217 |
| | HIGHLANDS RANCH FEC ID number of contributing federal political committee. | CO 80126 | Amount of Each Receipt this Period 325.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Service Account Manager | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ | P/R Deduction (\$25.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) DIANA S PETE | | Date of Receipt |
| | Mailing Address 9010 MORNINGSTAR | DRIVE | 12 |
| | City | State Zip Code | Transaction ID: PR2119486323217 |
| | SUGAR LAND FEC ID number of contributing federal political committee. | TX 77479 | Amount of Each Receipt this Period 156.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Assoc Dir Utilization Mgmt | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | P/R Deduction (\$12.00 Bi-Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | 676.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 73 / 173 (check only one) X |
|----------|--|--------------------------------|--|---|
| <i>A</i> | Any information copied from such Reports and a ror commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAGE Output Description: | C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) MICHELLE LYNN PETERS | | | Date of Receipt |
| | Mailing Address 1128 COUNTRYSIDE | DR | | 12 31 2009 |
| | City DE PERE | State WI | Zip Code 54115 | Transaction ID: PR2119486423217 |
| | FEC ID number of contributing federal political committee. | C | 54115 | Amount of Each Receipt this Period 195.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Assoc D | on ir Actuarial Services | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 405.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) AUSTIN T PITTMAN | | | Date of Receipt |
| | Mailing Address 14 LOCH RIDGE DRI | VE | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2119486723217 |
| | GREENSBORO | NC | 27408 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1755.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Chief Gr | on owth Officer | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date 3645.00 | P/R Deduction (\$135.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) CYNTHIA L POLICH | | | Date of Receipt |
| | Mailing Address 3401 E VIA PALOMIT | Ā | | 12 31 2009 |
| | City TUCSON | State AZ | Zip Code 85718 | Transaction ID: PR2119486823217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1300.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Chief Str | on rategy Officer | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2700.00 | P/R Deduction (\$100.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 3250.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 74 / 173 (check only one) X |
|---------|---|--------------------------------|---|---|
| , c | Any information copied from such Reports and or for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for | Health) | |
| ۷. | Full Name (Last, First, Middle Initial) SHARON A RICCIUTI | | | Date of Receipt |
| | Mailing Address 55 PERENNIAL | 01-1- | 7'- 01- | 12 31 2009 |
| | City IRVINE | State CA | Zip Code 92603 | Transaction ID: PR2119487923217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 92000 | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Clinic | n cal Quality | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) DEBBIE E ROGERS | - | | Date of Receipt |
| | Mailing Address 413 DOE RUN RD | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2119488623217 |
| | SEQUIM | WA | 98382 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Sr Project | on ot Manager I | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ ;. | Full Name (Last, First, Middle Initial) CAROL A SCACCIA | | | Date of Receipt |
| | Mailing Address 6093 TRINIDAD AVE | <u> </u> | | 12 31 2009 |
| | City CYPRESS | State CA | Zip Code | Transaction ID: PR2119489323217 |
| | FEC ID number of contributing federal political committee. | C | 90630 | Amount of Each Receipt this Period 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation KA New | n Bus Coord - PAC Region | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 520.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 75 / 173 (check only one) X |
|-----|--|------------------------------|---|---|
| , | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for | Health) | |
| . Z | Full Name (Last, First, Middle Initial) MARTIN SING | | | Date of Receipt |
| | Mailing Address 9407 LLANO VERDE | | | 12 31 YYYYY 12009 |
| | City HELOTES | State TX | Zip Code 78023 | Transaction ID: PR2119490123217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Dir Custo | n omer Service | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) RONALD R STETTLER | | | Date of Receipt |
| | Mailing Address 6028 SCOTMIST DR | | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: PR2119490423217 |
| | RANCHO PALOS VERDE FEC ID number of contributing federal political committee. | CA | 90275 | Amount of Each Receipt this Period 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Dir Healt | n hcare Econ | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date ▼ | |
| | Other (specify) | | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) MARILYNN D STYERS | | | Date of Receipt |
| | Mailing Address 6485 WAYFINDERS (| CT | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2119490723217 |
| | CARLSBAD FEC ID number of contributing | CA | 92009 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio VP | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 520.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 76 / 173 (check only one) X |
|--|--|--|
| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated | and Statements may not be sold or used by any perso g the name and address of any political committee to PAC (United for Health) | n for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) CHERYL TANIGAWA, MD Mailing Address 5598 NAPLES CA | NAL | Date of Receipt |
| City LONG BEACH FEC ID number of contributing | State Zip Code CA 90803 | 1 2 3 1 2 0 0 9 Transaction ID: PR2119491123217 Amount of Each Receipt this Period |
| federal political committee. Name of Employer UnitedHealth Group, Inc. Receipt For: Primary General | Occupation Natl Medical Director/CMO Aggregate Year-to-Date | 650.00 |
| Other (specify) Full Name (Last, First, Middle Initial) MARY R TEYLAN | 1350.00 | P/R Deduction (\$50.00 Bi-Weekly) Date of Receipt |
| Mailing Address 11948 E 186TH STORM City ARTESIA FEC ID number of contributing federal political committee. | State Zip Code CA 90701 | Transaction ID: PR2119491423217 Amount of Each Receipt this Period 130.00 |
| Name of Employer UnitedHealth Group, Inc. Receipt For: Primary General Other (specify) ▼ | Occupation Sr Accounting Consultant Aggregate Year-to-Date 270.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) CHERYL A THOMSON Mailing Address 222 FOREST DR | · | Date of Receipt 1 2 3 1 2 0 0 9 |
| City SOBIESKI | State Zip Code WI 54171 | Transaction ID: PR2119491623217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 195.00 |
| Name of Employer UnitedHealth Group, Inc. Receipt For: | Occupation Assoc Dir Compliance | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 405.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (option | nal) | 975.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a |
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| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may g the name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions oscilcit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated | <u>- </u> | | |
| Full Name (Last, First, Middle Initial) STEVEN M TUCKER | | | Date of Receipt |
| Mailing Address 11060 GOLD STA | R LANE | | 1 2 3 1 2 0 0 9 |
| City SANTA ANA | State CA | Zip Code 92705 | Transaction ID: PR2119492023217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1248.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Regu | n latory Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2592.00 | P/R Deduction (\$96.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) SUSAN VANASTEN | I | | Date of Receipt |
| Mailing Address W313 GOLDEN G | ILOW RD | | 1 2 3 1 2 0 0 9 |
| City KAUKAUNA | State WI | Zip Code 54130 | Transaction ID: PR2119492623217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 520.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Site Dir M | n Medicare Inside Sales | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1080.00 | P/R Deduction (\$40.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) SCOTT B WESTPHAL | | | Date of Receipt |
| Mailing Address 4536 ROCKY RUN | N LN | | 1 2 3 1 2 0 0 9 |
| City | State | Zip Code | Transaction ID: PR2119493223217 |
| OCONTO FEC ID number of contributing federal political committee. | C | 54153 | Amount of Each Receipt this Period 150.02 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Actua | n arial Services | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (option | -D | | 1918.02 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE /8/1/3 (check only one) |
|---|-------------------------|---|---|
| Any information copied from such Reports a or for commercial purposes, other than using | and Statements may | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated | <u> </u> | | |
| Full Name (Last, First, Middle Initial) LINDA D DAUGHERTY | | | Date of Receipt |
| Mailing Address 15442 NORTH 19 | TH WAY | | 1 2 3 1 2 0 0 9 |
| City PHOENIX | State AZ | Zip Code 85022 | Transaction ID: PR2119493523217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 260.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Associate | n e General Counsel | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) LORI S WOLFE | I | | Date of Receipt |
| Mailing Address 17119 GRANGER | PATCH | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City SAN ANTONIO | State TX | Zip Code 78247 | Transaction ID: PR2119493723217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Mgr Clair | | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) GREGORY WRIGHT | | | Date of Receipt |
| Mailing Address 13901 MAUVE DR | RIVE | | 1 2 3 1 2 0 0 9 |
| City SANTA ANA | State CA | Zip Code | Transaction ID: PR2119494123217 |
| FEC ID number of contributing federal political committee. | C | 92705 | Amount of Each Receipt this Period 325.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Gene | n ral Management | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 675.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (option | | | 715.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 79 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|--|------------------------------|---|---|
| , | any information copied from such Reports and S or for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) GEORGE M YOUNG | | | Date of Receipt |
| | Mailing Address 8131 S COOLIDGE W | | | 12 31 2009 |
| | City AURORA | State CO | Zip Code 80016 | Transaction ID: PR2119494423217 |
| | FEC ID number of contributing federal political committee. | C | 80010 | Amount of Each Receipt this Period 195.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Executive | n e Director | 7 |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 405.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) STEVEN C YOUNG | | | Date of Receipt |
| | Mailing Address 10765 QUAIL CREEK | DRIVE EAS | ST | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2119494523217 |
| | PARKER | CO | 80138 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | | account Exec | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) FORREST G BURKE | | | Date of Receipt |
| | Mailing Address 380 LEAF STREET | | | 12 31 2009 |
| | City ORONO | State MN | Zip Code 55356 | Transaction ID: PR2133132423217 |
| | FEC ID number of contributing federal political committee. | C | 33330 | Amount of Each Receipt this Period 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Presiden | n t PS Labor & Trust | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 455.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 80 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|--------------------------------|--|---|
| 0 | ny information copied from such Reports and r for commercial purposes, other than using th | Statements ma e name and ad | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for | Health) | |
| ۷. | Full Name (Last, First, Middle Initial) WILLIAM R COLEMAN | | | Date of Receipt |
| | Mailing Address 831 RATLEY ROAD | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2133132523217 |
| | WEST SUFFIELD | CT | 06093 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 156.00 |
| | Name of Employer | Occupatio Assoc Di | n ir Network A&R | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 225.00 | P/R Deduction (\$12.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) DANIEL M CUMMINGS | 1 | | Date of Receipt |
| | Mailing Address 1929 FAIRMOUNT A | VE | | 12 / 31 / 2009 |
| | City | State | Zip Code | Transaction ID: PR2133132623217 |
| | SAINT PAUL | MN | 55105 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 195.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Dir Finar | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 405.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| - :. | Full Name (Last, First, Middle Initial) CHARLES W HANSON | | | Date of Receipt |
| | Mailing Address 4133 WHITE OAK LN | l | | 12 31 7 9 9 |
| | City | State | Zip Code | Transaction ID: PR2133133123217 |
| | EXCELSIOR | MN | 55331 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 671.06 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio VP Unde | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1393.74 | P/R Deduction (\$51.62 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 1022.06 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | () | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 81/1/3 (check only one) |
|--|---------------------------------------|---|---|
| Any information copied from such Reports an or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P | | | |
| Full Name (Last, First, Middle Initial) BROR O HULTGREN | | | Date of Receipt |
| Mailing Address 408 22ND ST | | | 1 2 3 1 2 0 0 9 |
| City GOLDEN | State CO | Zip Code 80401 | Transaction ID: PR2133133223217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00101 | 499.98 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Regional | n Executive | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1038.42 | P/R Deduction (\$38.46 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) CAROLYN E MAGILL | | | Date of Receipt |
| Mailing Address 100 THIRD AVE S | # 1608 | | 12 31 YYYYY 12 31 2009 |
| City MINNEAPOLIS | State MN | Zip Code 55401 | Transaction ID: PR2133133523217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 249.99 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Produ | | 7 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) ALLEN D MILLER | | | Date of Receipt |
| Mailing Address 6209 CRESCENT D | DRIVE | | 1 2 3 1 2 0 0 9 |
| City EDINA | State MN | Zip Code 55436 | Transaction ID: PR2133133623217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00100 | 455.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Regional | n Executive | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 945.00 | P/R Deduction (\$35.00 Bi- Weekly) |
| | | | 1204.97 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 82 / 173 (check only one) X |
|---------|---|-----------------------------------|---|---|
| , | Any information copied from such Reports and or for commercial purposes, other than using the | Statements may nee name and addre | ot be sold or used by any persons of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for He | ealth) | |
| ۷. | Full Name (Last, First, Middle Initial) SUSAN C MORISATO | | | Date of Receipt |
| | Mailing Address 238 ARDMORE ROA | | | 12 31 2009 |
| | City DES PLAINES | State IL | Zip Code 60016 | Transaction ID: PR2133133823217 |
| | FEC ID number of contributing federal political committee. | C | 60016 | Amount of Each Receipt this Period 1950.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Federal | Prog-UHG Alliances | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Ye | ear-to-Date ▼ 4050.00 | P/R Deduction (\$150.00 Bi- Weekly) |
| - i. | Full Name (Last, First, Middle Initial) KIMBERLY ALLENE NETTLETON | 1 | | Date of Receipt |
| | Mailing Address 5003 DARNELL | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2133133923217 |
| | HOUSTON | TX | 77096 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 195.00 |
| | Name of Employer UnitedHealth Group, Inc. | _ ' | l Management | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Yo | ear-to-Date ▼ 440.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| . – | Full Name (Last, First, Middle Initial) T JEFFREY PUTNAM | -1 | | Date of Receipt |
| | Mailing Address 303 ELMWOOD PLA | CE WEST | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2133134223217 |
| | MINNEAPOLIS FEC ID number of contributing federal political committee. | C | 55419 | Amount of Each Receipt this Period 2307.60 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation SVP Finance | cial Plng & Analysis | |
| | Receipt For: Primary General Other (specify) ▼ | _ ' | ear-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | _ i | | 4452.60 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 83 / 173 (check only one) X |
|-----------|--|------------------------------|---|---|
| A | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements mage name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for | Health) | |
| . ∠ \. | Full Name (Last, First, Middle Initial) DIANE M SCHIMMELBUSCH | | | Date of Receipt |
| | Mailing Address 2203 RIVER FALLS D | RIVE | | 12 / 31 / 2009 |
| | City KINGWOOD | State TX | Zip Code 77339 | Transaction ID: PR2133134623217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 11000 | 325.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Dir Medio | n cal & Clinical Ops | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 675.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| - 3. | Full Name (Last, First, Middle Initial) ANITA W SHIELS | 1 | | Date of Receipt |
| | Mailing Address 608 GLENVIEW DRIV | /Ε | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2133134723217 |
| | HORSHAM FEC ID number of contributing federal political committee. | C | 19044 | Amount of Each Receipt this Period 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Dir Gene | n eral Management | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) AMIT TRIVEDI | | | Date of Receipt |
| | Mailing Address 21 BREEZES | | | 12 31 2009 |
| | City IRVINE | State CA | Zip Code 92620 | Transaction ID: PR2133134823217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 249.99 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Dir Unde | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 704.99 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 84 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 16 |
|---|---|--|---|
| 4 | Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any perse name and address of any political committee to | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for Health) | |
| | Full Name (Last, First, Middle Initial) CYNTHIA A BARNOWSKI | | Date of Receipt |
| | Mailing Address 2380 LAKE LUCY RC | | 12 / 31 / 2009 |
| | City CHANHASSEN | State Zip Code MN 55317 | Transaction ID: PR2145728123217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | P/R Deduction (\$20.00 Bi- |
| | Other (specify) ▼ | 601.95 | Weekly) |
| | Full Name (Last, First, Middle Initial) DANIEL M COLE | | Date of Receipt |
| | Mailing Address 320 SATTERWHITE | DRIVE | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR2145728323217 |
| | JOHNS CREEK | GA 30022 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Chief of Staff | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) ROBERT C FALKENBERG | I. | Date of Receipt |
| | Mailing Address 6069 WEATHERED (| DAK CT | 12 31 7 2009 |
| | City | State Zip Code | Transaction ID: PR2145728423217 |
| | WESTERVILLE FEC ID number of contributing | OH 43082 | Amount of Each Receipt this Period 499.98 |
| | federal political committee. | C | 400.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Health Plan CEO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1038.42 | P/R Deduction (\$38.46 Bi-Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | 1 | 889.98 |

| Ϊ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 85 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---------|--|--|---|
| 4 | Any information copied from such Reports and sor for commercial purposes, other than using the | Statements may not be sold or used by any pers e name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAG | C (United for Health) | |
| ۷. | Full Name (Last, First, Middle Initial) ROB FARAHANI | | Date of Receipt |
| | Mailing Address PO BOX 704 | | 12 31 2009 |
| | City HUNTINGTON | State Zip Code NY 11743 | Transaction ID: PR2145728523217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 499.98 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir IT | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1038.42 | P/R Deduction (\$38.46 Bi- Weekly) |
| - 3. | Full Name (Last, First, Middle Initial) JEFFREY A HARR Mailing Address 2852 TIMBERVIEW T | DAII | Date of Receipt |
| | Mailing Address 2002 HIVIDERVIEW I | 12 31 2009 | |
| | City CHASKA | State Zip Code MN 55318 | Transaction ID: PR2145728623217 |
| | FEC ID number of contributing federal political committee. | C 33316 | Amount of Each Receipt this Period 99.97 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Sales Ops | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| . – | Full Name (Last, First, Middle Initial) CARL T KIDD | | Date of Receipt |
| | Mailing Address 12210 OYSTER COV | E COURT | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR2145728823217 |
| | STAFFORD FEC ID number of contributing federal political committee. | TX 77477 | Amount of Each Receipt this Period 375.05 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Client Svc Acct Mgt | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 778.95 | P/R Deduction (\$28.85 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | ı | 975.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 86 / 173 (check only one) X 11a |
|---|--|-----------------------|---|---|
| 0 | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) NANCY E LINDIMORE | | | Date of Receipt |
| ı | Mailing Address 8256 SNEAD WAY | | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: PR2145728923217 |
| | WESTERVILLE FEC ID number of contributing federal political committee. | C | 43082 | Amount of Each Receipt this Period 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio KA Dir A | n cct Mgmt | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) DAVID S LUBY | | | Date of Receipt |
| | Mailing Address 6519 SPRING RUN D | RIVE | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2145729023217 |
| | WESTERVILLE | OH | 43082 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 99.97 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio KA VP S | n ales and Account Mgmt | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| _ | Full Name (Last, First, Middle Initial) WILLIAM Y MICKLE | | | Date of Receipt |
| | Mailing Address 8 DURANGO COURT | - | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2145729123217 |
| | ALISO VIEJO | CA | 92656 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | | eral Management | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 343.84 | P/R Deduction (\$10.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 489.97 |

| | E A (FEC Form 3X) RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 87 / 173 (check only one) X |
|-----------------------------|--|-----------------------|---|---|
| or for commerci | copied from such Reports and sal purposes, other than using the OMMITTEE (In Full) Ith Group Incorporated PAG | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (L WAYNE MILL | ast, First, Middle Initial) | | | Date of Receipt |
| Mailing Addr | |) RD | | 1 2 3 1 2 0 0 9 |
| City IRVINE | | State CA | Zip Code 92603 | Transaction ID: PR2145729223217 Amount of Each Receipt this Period |
| | ber of contributing cal committee. | С | | 260.00 |
| Name of Em UnitedHealth | ployer i Group, Inc. | Occupatio VP Clien | n t Svc Acct Mgt | |
| Receipt For: Primar Other | y General (specify) ▼ | Aggregate | e Year-to-Date ▼ 645.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (L LEAH C RUM | ast, First, Middle Initial) IMEL | | | Date of Receipt |
| Mailing Addr | ess 12100 TRAUTWEIN F | ROAD | | 12 31 2009 |
| City AUSTIN | | State TX | Zip Code 78737 | Transaction ID: PR2145729523217 |
| FEC ID num | ber of contributing cal committee. | C | 70707 | Amount of Each Receipt this Period |
| Name of Em UnitedHealth | ployer i Group, Inc. | Occupatio Dir Govt | | |
| Receipt For: Primar Other | y General (specify) ▼ | Aggregate | e Year-to-Date ▼ 405.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| Full Name (L MICHAEL P S | ast, First, Middle Initial) | | | Date of Receipt |
| Mailing Addr | ess 13935 WOODRIDGE | PATH | | 12 31 2009 |
| City | | State | Zip Code | Transaction ID: PR2145729723217 |
| | ber of contributing cal committee. | C | 55378 | Amount of Each Receipt this Period 455.00 |
| Name of Em UnitedHealth | ployer i Group, Inc. | Occupatio Dir IT | n | |
| Receipt For: Primar Other | | Aggregate | e Year-to-Date ▼ 945.00 | P/R Deduction (\$35.00 Bi- Weekly) |
| SURTOTAL of | Receipts This Page (optional) . | 1 | | 910.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 88 / 173 (check only one) X |
|----|--|-------------------------|---|---|
| A | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | name and addi | ress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Z | Full Name (Last, First, Middle Initial) | | | <u> </u> |
| ۱. | DANNETTE L SMITH Mailing Address 5414 BYSCANE LANE | | | Date of Receipt 1 2 3 1 2 0 0 9 |
| | City MINNETONKA | State MN | Zip Code 55345 | Transaction ID: PR2145729923217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1499.94 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Sr Deputy | General Counsel | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 3115.26 | P/R Deduction (\$115.38 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) RANDALL SMITH | | | Date of Receipt |
| | Mailing Address 20607 BROADWATER | | | 12 31 2009 |
| | City LAND O LAKES | State FL | Zip Code 34638 | Transaction ID: PR2145730023217 |
| | FEC ID number of contributing federal political committee. | C | 54000 | Amount of Each Receipt this Period 150.02 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Plan Pres | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) MARGARET W WEAR | 1 | | Date of Receipt |
| | Mailing Address 44 TOPANGA | | | 12 31 2009 |
| | City IRVINE | State CA | Zip Code 92602 | Transaction ID: PR2145730223217 |
| | FEC ID number of contributing federal political committee. | C | 92602 | Amount of Each Receipt this Period 650.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Actual | rial Services | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1350.00 | P/R Deduction (\$50.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 2299.96 |

| SCHEDULE A ITEMIZED REC | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 89 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| or for commercial purpo | ses, other than using the name and | d address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, Fir ARLENE DAVIDSON Mailing Address 7 | st, Middle Initial) 528 NORTH 6TH PLACE | | Date of Receipt |
| City PHOENIX | State AZ | e Zip Code 85020 | 1 2 3 1 2 0 0 9 Transaction ID: PR2162867023217 Amount of Each Receipt this Period |
| FEC ID number of of federal political com | mittee. | | 249.99 |
| Name of Employer UnitedHealth Group Receipt For: Primary Other (specify | Aggre General | pation larketing Bus Dev egate Year-to-Date ▼ 384.60 | P/R Deduction (\$19.23 Bi- Weekly) |
| Full Name (Last, Fir DAVID A SPIVACK Mailing Address 3 | st, Middle Initial) 7 HIDDEN TRAIL | | Date of Receipt 1 2 3 1 2 0 0 9 |
| City IRVINE | State CA | ' | Transaction ID: PR2162867623217 |
| FEC ID number of c | ontributing | 92603 | Amount of Each Receipt this Period 2499.90 |
| Name of Employer UnitedHealth Group | Dusii | ness Segment CFO | |
| Receipt For: Primary Other (specify | General | egate Year-to-Date ▼ 3269.10 | P/R Deduction (\$192.30 Bi- Weekly) |
| Full Name (Last, Fir KURT C LEWIS | st, Middle Initial) | | Date of Receipt |
| Mailing Address 9 | 61 RIVER FOREST DRIVE | | 1 2 3 1 2 0 0 9 |
| City MAINEVILLE | State OH | ' ' | Transaction ID: PR2203967523217 |
| FEC ID number of c | ontributing | 45039 | Amount of Each Receipt this Period 150.02 |
| Name of Employer UnitedHealth Group | , Inc. Occup | pation P Sales and Account Mgmt | |
| Receipt For: Primary Other (specify | General | egate Year-to-Date ▼ 311.58 | P/R Deduction (\$11.54 Bi- Weekly) |
| SUBTOTAL of Receir | ts This Page (optional) | | 2899.91 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | K) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 90/1/3 (check only one) X 11a |
|--|---------------------------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may the name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F | PAC (United for | Health) | |
| Full Name (Last, First, Middle Initial) CHRISTINE W GIBSON | | | Date of Receipt |
| Mailing Address 8516 29TH AVE N | | | 12 31 2009 |
| City NEW HOPE | State MN | Zip Code 55427 | Transaction ID: PR2225166723217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 1499.94 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Market G | n Brp Chief Mktg Off | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 3115.26 | P/R Deduction (\$115.38 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) ANDREW M SLAVITT | I | | Date of Receipt |
| Mailing Address 5125 MIRROR LAK | KES DRIVE | | 12 31 2009 |
| City EDINA | State MN | Zip Code 55436 | Transaction ID: PR2225167423217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 3601.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation | n Segment CEO | |
| Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 4986.00 | P/R Deduction (\$277.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) JEAN-FRANCOIS BEAULE | | | Date of Receipt |
| Mailing Address 7 STRATFORD RD |) | | 1 2 3 1 2 0 0 9 |
| City | State CT | Zip Code | Transaction ID: PR2225813623217 |
| FARMINGTON FEC ID number of contributing federal political committee. | C | 06032 | Amount of Each Receipt this Period 750.10 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Actual | n arial Services | |
| Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 1557.90 | P/R Deduction (\$57.70 Bi-Weekly) |
| SUBTOTAL of Receipts This Page (optional | I | | 5851.04 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 91 / 173 (check only one) X |
|------------|--|--------------------------------|---|---|
| , A | ny information copied from such Reports and r for commercial purposes, other than using th | Statements may e name and addr | not be sold or used by any persess of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for H | Health) | |
| . <u>/</u> | Full Name (Last, First, Middle Initial) DANIEL M HARRIS | | | Date of Receipt |
| | Mailing Address 51 REALITY ROAD | | | 12 31 7 2009 |
| | City OXFORD | State CT | Zip Code 06478 | Transaction ID: PR2225817523217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 00170 | 249.99 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Actuar | rial Services | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate ` | Year-to-Date ▼ 519.21 | P/R Deduction (\$19.23 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) NANCY S MACK | <u> </u> | | Date of Receipt |
| | Mailing Address 10140 26TH AVENUE | E NORTH | | 12 31 YYYY 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2225818423217 |
| | PLYMOUTH 550 ID 10 10 10 10 10 10 10 10 10 10 10 10 10 | MN | 55441 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 195.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir IT Proj | | |
| | Receipt For: | Aggregate ` | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 394.50 | P/R Deduction (\$15.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) CHARLES W MARTEL | | | Date of Receipt |
| | Mailing Address 676 LAKE SUSAN HI | LLS DRIVE | | 12 31 YYYY 12009 |
| | City | State | Zip Code | Transaction ID: PR2225818623217 |
| | CHANHASSEN FFO ID number of contribution | MN | 55317 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir IT | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate ` | Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional). | 1 | | 574.99 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | |
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| | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | e name and address of any political commit | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) MICHAEL MCGUIRE | | Date of Receipt |
| - | Mailing Address 437 DRURY LANE | | 1 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City WYCKOFF | State Zip Code NJ 07481 | Transaction ID: PR2225818823217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Health Plan CEO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 917.00 | P/R Deduction (\$20.00 Bi-Weekly) |
| _ | Full Name (Last, First, Middle Initial) ERIC S RANGEN | | Date of Receipt |
| | Mailing Address 15348 RED OAKS RC | AD SE | 1 2 3 1 2 0 0 9 |
| | City | State Zip Code | Transaction ID: PR2225819323217 |
| | PRIOR LAKE | MN 55372 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 2307.60 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation SVP Chief Accounting Officer | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) JOHN D RYAN | | Date of Receipt |
| | Mailing Address 45 WESTMORELAND | LN | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR2225819623217 |
| | NAPERVILLE 550 ID. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | IL 60540 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 499.98 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation RVP Client Mgmt & Svc | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1038.42 | P/R Deduction (\$38.46 Bi-Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | 3067.58 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 93 / 173 (check only one) X 11a |
|--------|---|--------------------------------|---|---|
| , | Any information copied from such Reports and or for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAGE Output Description: | C (United for | Health) | |
| ۷. | Full Name (Last, First, Middle Initial) ROY T SAILOR | | | Date of Receipt |
| | Mailing Address 276 COYOTE WILLO | W DRIVE | | 12 31 7 2009 |
| | City | State | Zip Code | Transaction ID: PR2225819723217 |
| | COLORADO SPRINGS FEC ID number of contributing federal political committee. | CO | 80921 | Amount of Each Receipt this Period 999.96 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Gene | n eral Management | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 2076.84 | P/R Deduction (\$76.92 Bi- Weekly) |
| 3. | Full Name (Last, First, Middle Initial) KAREN A DIPALMO | | | Date of Receipt |
| | Mailing Address 7533 PRAIRIE VIEW | DR | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2231347223217 |
| | INDIANAPOLIS | IN | 46256 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 390.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Dir Netwo | n ork Programs | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 810.00 | P/R Deduction (\$30.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) JEFFERY A DROZDA | | | Date of Receipt |
| | Mailing Address 321 HERITAGE POIN | IT DRIVE | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2231347423217 |
| | SIMPSONVILLE | SC | 29681 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 520.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Govt Rel | n Assoc Dir | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1150.00 | P/R Deduction (\$40.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 1909.96 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 94/1/3 (check only one) |
|---|---|------------------------|---|---|
| A | ny information copied from such Reports and S | Statements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | | | |
| _ | Full Name (Last, First, Middle Initial) SUSAN A FOWLER | | | Date of Receipt |
| | Mailing Address 4396 CREEKSIDE PA | SS | | M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y |
| | City ZIONSVILLE | State IN | Zip Code 46077 | Transaction ID: PR2231349723217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 4007 | 195.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio VP UHO | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 405.00 | P/R Deduction (\$15.00 Bi-Weekly) |
| | Full Name (Last, First, Middle Initial) MICHAEL HAMPTON | | | Date of Receipt |
| | Mailing Address 1387 RED DUNES RU | JN | | 12 31 7 2009 |
| | City AVON | State IN | Zip Code 46123 | Transaction ID: PR2231350523217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.05 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Govt Rel | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 217.00 | P/R Deduction (\$3.85 Bi-W-eekly) |
| | Full Name (Last, First, Middle Initial) KASIA HANNA | <u> </u> | | Date of Receipt |
| | Mailing Address 1419 HORNADAY RD | l | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR2231350623217 |
| | BROWNSBURG FEC ID number of contributing federal political committee. | C | 46112 | Amount of Each Receipt this Period 130.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Sr IT Pro | n pject Cnsltnt | |
| | Receipt For: Primary General Other (specify) ▼ | + | e Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| _ | SUBTOTAL of Receipts This Page (optional) | 1 | | 375.05 |

| SCHEDULE A (FEC Form : ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 95 / 173 (check only one) X |
|--|--|---|
| Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated | and Statements may not be sold or used by any personing the name and address of any political committee to PAC (United for Health) | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) MARGARET C HAYS | | Date of Receipt |
| Mailing Address 507 WOODLAND | O W DRIVE | 12 31 2009 |
| City GREENFIELD | State Zip Code IN 46140 | Transaction ID: PR2231350723217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Claims | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) KIP J METHENY | _ | Date of Receipt |
| Mailing Address 808 JEFFERSON | V | 12 31 7 2009 |
| City LAWRENCEVILLE | State Zip Code IL 62439 | Transaction ID: PR2231351423217 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Spvsr Claims | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) PAMELA ANN MOORE | | Date of Receipt |
| Mailing Address RR 1 BOX 282A | | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR2231351723217 |
| BRIDGEPORT FEC ID number of contributing federal political committee. | IL 62417 | Amount of Each Receipt this Period 128.70 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Mgr Facilities | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 267.30 | P/R Deduction (\$9.90 Bi-W-eekly) |
| CURTOTAL of Descints This Desc (anti- | onal) | 388.70 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 96 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any perse name and address of any political committee t | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for Health) | |
| Full Name (Last, First, Middle Initial) DONALD M MUDGETT | | Date of Receipt |
| Mailing Address 8131 LAKE POINT W | ΆΥ | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR2231351923217 |
| INDIANAPOLIS | IN 46256 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 260.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Assoc Dir General Management | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) ANDREW L PEARSON | 1 | Date of Receipt |
| Mailing Address 7371 OAKLAND HILL | S CIR | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR2231352023217 |
| INDIANAPOLIS | IN 46236 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Mgr IT | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | P/R Deduction (\$10.00 Bi- |
| Other (specify) ▼ | 270.00 | Weekly) |
| Full Name (Last, First, Middle Initial) JILL PHELPS | • | Date of Receipt |
| Mailing Address 95 KENSINGTON CT | | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR2231352123217 |
| PITTSBORO | IN 46167 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sr IT Business Analyst | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optional) | • | 520.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 97 / 173 (check only one) X |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | not be sold or used by any persoress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for I | Health) | |
| Full Name (Last, First, Middle Initial) DARRELL S RICHEY | | | Date of Receipt |
| Mailing Address 7244 TULIPTREE TRA | AIL | | 12 31 7 2009 |
| City | State | Zip Code | Transaction ID: PR2231352323217 |
| INDIANAPOLIS | IN | 46256 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 1040.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Deputy Go | eneral Counsel (Mgr) | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 2160.00 | P/R Deduction (\$80.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) JANET SUE SELF | | | Date of Receipt |
| Mailing Address 3202 BABSON CT | | | 1 2 3 1 2 0 0 9 |
| City | State | Zip Code | Transaction ID: PR2231352423217 |
| INDIANAPOLIS | <u>IN</u> | 46268 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 195.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir Actuar | ial Services | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 405.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) AMANDA JANE SNIVELY | | | Date of Receipt |
| Mailing Address 704 EAST MAIN STRE | EET | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: PR2231352523217 |
| CARMEL | IN | 46032 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 130.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation UHO | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optional) | | | 1365.00 |

| SCHEDULE A (FEC FOITEMIZED RECEIPTS | orm 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 98 / 173 (check only one) X |
|--|--------------------------|---|---|
| Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Fu UnitedHealth Group Incorp | han using the name and a | address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle I | • | , rioditi) | Data of Bassint |
| Mailing Address 570 MONT | CALM PL | | Date of Receipt 1 2 3 1 2 2 0 0 9 |
| City SAINT PAUL | State MN | Zip Code 55116 | Transaction ID: PR2247625823217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 520.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupat Chief T | ion echnology Officer | |
| Receipt For: Primary Genera Other (specify) ▼ | | ate Year-to-Date ▼ 1080.00 | P/R Deduction (\$40.00 Bi- Weekly) |
| Full Name (Last, First, Middle Internal J COTHRAN | | | Date of Receipt |
| Mailing Address 1513 PEA | CHTREE COURT | | 12 31 2009 |
| City EDMOND | State OK | Zip Code 73025 | Transaction ID: PR2247625923217 |
| FEC ID number of contributing federal political committee. | C | 73023 | Amount of Each Receipt this Period 99.97 |
| Name of Employer | Occupat Mgr Ph | ion armacy Ops | |
| Receipt For: Primary Genera Other (specify) ▼ | | ate Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| Full Name (Last, First, Middle I | | | Date of Receipt |
| Mailing Address 2720 FLOI | RIDA AVE S | | 12 31 2009 |
| City SAINT LOUIS PARK | State MN | Zip Code 55426 | Transaction ID: PR2247626023217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00120 | 195.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupat Dir Ger | ion neral Management | |
| Receipt For: Primary Genera Other (specify) ▼ | | ate Year-to-Date ▼ 405.00 | P/R Deduction (\$15.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page | e (optional) | | 814.97 |

| SCHEDULE A (FEC | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 99 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
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| Any information copied from sor for commercial purposes, or | uch Reports and Statements ma | ay not be sold or used by any perso ddress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (| | | |
| Full Name (Last, First, Mide CAROLYN B KERR | dle Initial) | | Date of Receipt |
| Mailing Address 3456 F | OSENDALE ROAD | | 12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City NISKAYUNA | State NY | Zip Code 12309 | Transaction ID: PR2247626223217 Amount of Each Receipt this Period |
| FEC ID number of contributed federal political committee. | ting | | 299.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Govt Re | | |
| Receipt For: Primary Ge Other (specify) ▼ | Aggregat Aggregat | e Year-to-Date ▼ 594.61 | P/R Deduction (\$23.00 Bi- Weekly) |
| Full Name (Last, First, Mide SHANKAR RAO | dle Initial) | | Date of Receipt |
| Mailing Address 10622 | EQUESTRIAN DR | | 12 31 2009 |
| City COWAN HEIGHTS | State CA | Zip Code 92705 | Transaction ID: PR2247626323217 |
| FEC ID number of contributed federal political committee. | | 92703 | Amount of Each Receipt this Period 124.93 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir IT | on | |
| Receipt For: Primary Ge Other (specify) ▼ | Aggregat | e Year-to-Date ▼ 259.47 | P/R Deduction (\$9.61 Bi-W-eekly) |
| Full Name (Last, First, Mid | dle Initial) | | Date of Receipt |
| Mailing Address 4 SPLI | T ROCK ROAD | | 12 31 2009 |
| City | State | Zip Code | Transaction ID: PR2247626423217 |
| NEWTOWN FEC ID number of contributed federal political committee. | ting CT | 06470 | Amount of Each Receipt this Period 650.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP | on | |
| Receipt For: Primary Ge Other (specify) ▼ | | e Year-to-Date ▼ 1350.00 | P/R Deduction (\$50.00 Bi-Weekly) |
| SURTOTAL of Receipts This | Page (optional) | | 1073.93 |

| SCHEDULE A (FEC Form SITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 100 / 173 (check only one) X |
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| Any information copied from such Reports or for commercial purposes, other than usi | and Statements may not be sold or used by any persong the name and address of any political committee to | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated | I PAC (United for Health) | |
| Full Name (Last, First, Middle Initial) JOSEPH R CARCIONE JR | | Date of Receipt |
| Mailing Address 11 CARRIAGE W | /AY | 12 31 2009 |
| City WHITE PLAINS | State Zip Code NY 10605 | Transaction ID: PR2247626823217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 750.10 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Medical Director | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1557.90 | P/R Deduction (\$57.70 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) KEVIN DAVID KANTOLA | | Date of Receipt |
| Mailing Address 7031 HALSTEAD | DRIVE | 1 2 3 1 2 0 0 9 |
| City | State Zip Code MN 55364 | Transaction ID: PR2247627023217 |
| MINNETRISTA FEC ID number of contributing federal political committee. | MN 55364 | Amount of Each Receipt this Period 325.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir IT Project Mgmt | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 675.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) DENNIS P O'BRIEN | | Date of Receipt |
| Mailing Address 61 LOUGHLIN A | VE | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: PR2247627323217 |
| COS COB FEC ID number of contributing federal political committee. | CT 06807 | Amount of Each Receipt this Period 750.10 |
| Name of Employer UnitedHealth Group, Inc. | Occupation RVP Network Mgmt | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1557.90 | P/R Deduction (\$57.70 Bi- Weekly) |
| SURTOTAL of Receipts This Page (ontin | onal) | 1825.20 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | for e | separate schedule(s) ach category of the illed Summary Page | FOR LINE NUMBER: PAGE 101 / 173 (check only one) X 11a |
|--------|--|------------------------------|---|--|
| A 0 | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | name and address of | any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Z | Full Name (Last, First, Middle Initial) | | , | |
| | JEFFERY RICHARD VERNEY Mailing Address 266 WESTLEDGE RO | AD | | Date of Receipt |
| | City | | o Code | 1 2 3 1 2 0 0 9 Transaction ID: PR2247627423217 |
| | WEST SIMSBURY | | 092 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 750.10 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP General Mar | nagement | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | -Date ▼ 1557.90 | P/R Deduction (\$57.70 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) DARRELL BROOKS | | | Date of Receipt |
| | Mailing Address 425 QUEENSLAND LA | ANE NORTH | | 1 2 3 1 2 0 0 9 |
| | City | | Code | Transaction ID: PR2247627623217 |
| | PLYMOUTH | <u>MN</u> 55 | 447 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 750.10 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Information | Technology | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | -Date ▼ 1557.90 | P/R Deduction (\$57.70 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) SANJAY GARODIA | | | Date of Receipt |
| | Mailing Address 282 MIDDAUGH | | | 1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | | Code | Transaction ID: PR2247627823217 |
| | CLARENDON HILLS | IL 60 | 514 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 461.52 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation COO | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to | -Date ▼ 999.96 | P/R Deduction (\$38.46 Bi- Weekly) |
| [| SUBTOTAL of Receipts This Page (optional) | | | 1961.72 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 102 / 173 (check only one) X |
|----|--|--------------------------------|---|--|
| Ar | ny information copied from such Reports and S for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAG | C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) JACQUELINE B KOSECOFF | | | Date of Receipt |
| | Mailing Address 1474 BIENVENEDA A | AVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City PACIFIC PALISADES | State CA | Zip Code 90272 | Transaction ID: PR2247627923217 |
| | FEC ID number of contributing federal political committee. | C | 90212 | Amount of Each Receipt this Period 2307.60 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation | n s Segment CEO | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) DANIEL L OHMAN | | | Date of Receipt |
| | Mailing Address 8970 MOOR PARK R | UN | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: PR2247628023217 |
| | DULUTH | GA | 30097 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 349.96 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Region (| | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 726.84 | P/R Deduction (\$26.92 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) JEFFREY J CRUMBAUGH | | | Date of Receipt |
| | Mailing Address 5841 MUIRFIELD DR | SW # 2 | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: PR2259635223217 |
| | CEDAR RAPIDS | IA | 52404 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 99.97 |
| | Name of Employer | Occupation Mgr Med | n licare Sales | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 207.63 | P/R Deduction (\$7.69 Bi-W-eekly) |
| | UBTOTAL of Receipts This Page (optional) . | • | | 2757.53 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 103 / 173 (check only one) X |
|---|--|--------------------------------|---|---|
| , | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) JOHN M PRINCE | | | Date of Receipt |
| | Mailing Address 546 HARRINGTON R | OAD | | 12 31 2009 |
| | City WAYZATA | State MN | Zip Code 55391 | Transaction ID: PR2259738423217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 520.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation | n s Segment COO | |
| | Receipt For: Primary General Other (specify) ▼ | + + | e Year-to-Date ▼ 1080.00 | P/R Deduction (\$40.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) DAWN M SIGGETT | | | Date of Receipt |
| | Mailing Address 5500 NICHOLSON RI | כ | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2270335123217 |
| | FOWLERVILLE FEC ID number of contributing federal political committee. | C | 48836 | Amount of Each Receipt this Period 260.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Govt Re | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 540.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) CHRIS CRONN | | | Date of Receipt |
| | Mailing Address 1611 W 5TH ST APT | 232 | | 12 31 2009 |
| | City AUSTIN | State TX | Zip Code | Transaction ID: PR2270522923217 |
| | FEC ID number of contributing federal political committee. | C | 78703 | Amount of Each Receipt this Period 499.98 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Govt Re | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1038.42 | P/R Deduction (\$38.46 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | 1 | | 1279.98 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 104 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|--|
| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements may not be sold or used by any persong the name and address of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated | PAC (United for Health) | |
| Full Name (Last, First, Middle Initial) KAREN R FINNERTY | | Date of Receipt |
| Mailing Address 4430 PARK POIN | | 12 31 2009 |
| City LEWIS CENTER | State Zip Code OH 43035 | Transaction ID: PR2270546623217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 130.00 |
| Name of Employer | Occupation Dir Sales Ops | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) JILL E LAVERDIERE | | Date of Receipt |
| Mailing Address 3106 WILLOWBR | OOK DRIVE | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR2270546723217 |
| REMINDERVILLE FEC ID number of contributing federal political committee. | OH 44202 | Amount of Each Receipt this Period 90.00 |
| Name of Employer | Occupation SB Dir Account Mgmt | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.00 | P/R Deduction (\$10.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) WILLIAM F MYERS | L | Date of Receipt |
| Mailing Address 2702 SOUTH FILL | MORE STREET | M M / D D / Y Y Y Y Y Y Y 1 Y 1 2 0 0 9 |
| City DENVER | State Zip Code CO 80210 | Transaction ID: PR2359784123217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C 30210 | 520.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Govt Rel Dir | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1080.00 | P/R Deduction (\$40.00 Bi- Weekly) |
| SUPTOTAL of Possints This Page (entire | al) | 740.00 |

| SCHEDULE I | A (FEC Form 3X) ECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 105 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|---|---------------------|---|---|
| Any information cop or for commercial pu | ied from such Reports and St urposes, other than using the | atements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COM UnitedHealth | MITTEE (In Full) Group Incorporated PAC | (United for | Health) | |
| Full Name (Last, SIMON L STEVE | First, Middle Initial) | | | Date of Receipt |
| | 1716 EMERSON AVEN | IUE SOUTH | 1 | 1 2 3 1 2 0 0 9 |
| City MINNEAPOLI | S | State MN | Zip Code 55403 | Transaction ID: PR2364863223217 Amount of Each Receipt this Period |
| FEC ID number federal political c | | C | | 2307.60 |
| Name of Employ UnitedHealth Gr | er oup, Inc. | Occupation EVP Unit | n tedHealth Group | |
| Receipt For: Primary Other (spe | General | Aggregate | Year-to-Date ▼ 4999.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| Full Name (Last, THELMA L THON | First, Middle Initial) IPSON | | | Date of Receipt |
| Mailing Address | 600 SECOND STREET | # 303 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | | State | Zip Code | Transaction ID: PR2364863323217 |
| ALEXANDRIA | | C | 22314 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 130.00 |
| Name of Employ | er | Occupation Govt Rel | n Assoc Dir | |
| Receipt For: | | Aggregate | e Year-to-Date ▼ | _ |
| Primary Other (spe | ☐ General cify) ▼ | | 270.00 | P/R Deduction (\$10.00 Bi- Weekly) |
| Full Name (Last, JEFFREY D ALTE | First, Middle Initial) ER | | | Date of Receipt |
| Mailing Address | 3 WOODLAND ROAD | | | 12 31 2009 |
| City | | State | Zip Code | Transaction ID: PR2402315223217 |
| BELLE TERR | | NY | 11777 | Amount of Each Receipt this Period |
| FEC ID number federal political c | | C | | 192.27 |
| Name of Employ | er | Occupation Region C | | |
| Receipt For: Primary Other (spe | General cify) ♥ | Aggregate | e Year-to-Date ▼ 295.80 | P/R Deduction (\$14.79 Bi- Weekly) |
| SUPTOTAL of Po | ceipts This Page (optional) | | | 2629.87 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 106 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|--|
| Any information copied from such Repo or for commercial purposes, other than to | rts and Statements may not be sold or used by any persor using the name and address of any political committee to | for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat | ed PAC (United for Health) | |
| Full Name (Last, First, Middle Initial) JANI H DANIEL | | Date of Receipt |
| Mailing Address PO BOX 507 | | 1 2 3 1 2 0 0 9 |
| City FAYETTEVILLE | State Zip Code GA 30214 | Transaction ID: PR2402315823217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 325.00 |
| Name of Employer | Occupation Assoc Dir General Management | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) JEANNE M DE SA | I | Date of Receipt |
| Mailing Address 3000 TILDEN S | STREET NW #204-1 | 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR2402315923217 |
| WASHINGTON FEC ID number of contributing federal political committee. | DC 20008 | Amount of Each Receipt this Period 650.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Govt Rel Dir | 1 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | P/R Deduction (\$50.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) CYNTHIA J GROENE | I | Date of Receipt |
| Mailing Address 7209 221 STRI | EET N | 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR2402316723217 |
| PORT BYRON FEC ID number of contributing federal political committee. | IL 61275 | Amount of Each Receipt this Period 325.00 |
| Name of Employer | Occupation Govt Rel Assoc Dir | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| OUDTOTAL of Decision This Deces (see | otional) | 1300.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 107 / 173 (check only one) X 11a |
|------------|--|----------------------------------|---|---|
| , | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAG | C (United for | Health) | |
| . <u>/</u> | Full Name (Last, First, Middle Initial) LISA M HARRELL | | | Date of Receipt |
| | Mailing Address 1741 CAMBRIDGE A | VENUE | | 12 / 31 / 2009 |
| | City FLOSSMOOR | State IL | Zip Code 60422 | Transaction ID: PR2402316923217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 325.00 |
| | Name of Employer | Occupation | n | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ 500.00 | P/R Deduction (\$25.00 Bi- |
| _ | Other (specify) ▼ | 0 0 | 300.00 | Weekly) |
| | Full Name (Last, First, Middle Initial) SCOTT E HENDERSON | | | Date of Receipt |
| | Mailing Address 749 PEARSON POIN | T PLACE | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2402317023217 |
| | ANNAPOLIS FEC ID number of contributing federal political committee. | MD C | 21401 | Amount of Each Receipt this Period 455.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Govt Rel | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 700.00 | P/R Deduction (\$35.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) | | | Date of Receipt |
| | Mailing Address 201 CAMELBACK RIE | DGE | | 1 2 3 1 2 0 0 9 |
| | City | State NV | Zip Code | Transaction ID: PR2402317223217 |
| | HENDERSON FEC ID number of contributing federal political committee. | C | 89012 | Amount of Each Receipt this Period 325.00 |
| | Name of Employer | Occupation Dir Marke | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | | | 1105.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 108 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|----------|---|------------------------|---|---|
| A 0 | ny information copied from such Reports and r for commercial purposes, other than using the | Statements may | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | .C (United for | Health) | |
| <u>V</u> | Full Name (Last, First, Middle Initial) ANGELA DAWN KEPLEY CARRIER | | | Date of Receipt |
| | Mailing Address 3219 PENINSULA DR | RIVE | | 12 |
| | City JAMESTOWN | State NC | Zip Code 27282 | Transaction ID: PR2402317723217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 260.00 |
| | Name of Employer | Occupation Assoc Di | n r Case Mgmt | 1 |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 400.00 | P/R Deduction (\$20.00 Bi-Weekly) |
| _ | Full Name (Last, First, Middle Initial) MARILYN LEVI-BAUMGARTEN | | | Date of Receipt |
| | Mailing Address 4800 W 27TH ST | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2402317923217 |
| | SAINT LOUIS PARK | MN | 55416 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 260.00 |
| | Name of Employer | Occupation Dir Netwo | n ork Programs | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 400.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) JAKE LOGAN | | | Date of Receipt |
| | Mailing Address 5520 CHEERY LYNN | ROAD | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2402318223217 |
| | PHOENIX | AZ | 85018 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 325.00 |
| | Name of Employer | Occupation Govt Rel | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | | | 845.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 109 / 173 (check only one) X |
|---|--|--------------------------------|---|---|
| A | ny information copied from such Reports and S for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAGE Output Description: | C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) MARIA MCCAULEY | | | Date of Receipt |
| | Mailing Address 15916 MARSHFIELD | DRIVE | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR2402318423217 |
| | TAMPA | FL | 33624 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 260.00 |
| | Name of Employer | Occupation Sr Project | on ct Manager II | |
| | Receipt For: | , ' ' ' | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1 1 | 400.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) JILL RIVERS | | | Date of Receipt |
| | Mailing Address 6648 DASHER COUF | RT | | 12 31 YYYY 2009 |
| | City | State | Zip Code | Transaction ID: PR2402319523217 |
| | COLUMBIA | MD | 21045 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 325.00 |
| | Name of Employer | Occupation Managin | on ng Dir HHS Consulting | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) | | 500.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) DIANE D SOUZA | | | Date of Receipt |
| | Mailing Address 360 STANLEY DRIVE | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2402320023217 |
| | GLASTONBURY | CT | 6033 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 0.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation CEO Spe | on ecialty Benefits | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 4999.90 | P/R Deduction (\$0.00 Bi-W-eekly) |
| Г | SUBTOTAL of Receipts This Page (optional) . | <u> </u> | | 585.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 110 / 173 (check only one) X |
|---------|--|--------------------------------|---|---|
| A | any information copied from such Reports and a r for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAGE Output Description: | C (United for | Health) | |
| ۷. | Full Name (Last, First, Middle Initial) LORI K SWEERE | | | Date of Receipt |
| | Mailing Address 11826 GERMAINE TE | ERRACE | | 12 31 7 2009 |
| | City EDEN PRAIRIE | State MN | Zip Code 55347 | Transaction ID: PR2402320223217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 455.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio EVP Hur | n nan Capital | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 700.00 | P/R Deduction (\$35.00 Bi- Weekly) |
| - 3. | Full Name (Last, First, Middle Initial) MYLYNN K TUFTE | | | Date of Receipt |
| | Mailing Address 3630 26TH ST SE | | | 12 31 YYYY 2009 |
| | City | State | Zip Code | Transaction ID: PR2402320323217 |
| | DAWSON FEC ID number of contributing | ND | 58428 | Amount of Each Receipt this Period |
| | federal political committee. | C | | 520.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupatio Dir Medic | n cal & Clinical Ops | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 800.00 | P/R Deduction (\$40.00 Bi- Weekly) |
| . – | Full Name (Last, First, Middle Initial) KELLY WARREN | 1 | | Date of Receipt |
| | Mailing Address 1312 BOB HARRISO | N DR | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2402320523217 |
| | AUSTIN FEC ID number of contributing federal political committee. | C | 78702 | Amount of Each Receipt this Period 325.00 |
| | Name of Employer | Occupatio Dir Bus [| | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 1300.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 111 / 173 (check only one) X |
|-----|--|--------------------------------|---|---|
| 0 | ny information copied from such Reports and r for commercial purposes, other than using th | Statements ma e name and ad | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | | | |
| ۷. | Full Name (Last, First, Middle Initial) SHELLEY WIKE CRANLEY | | | Date of Receipt |
| | Mailing Address 3801 MAURICE COU | | | 12 31 2009 |
| | City LAS VEGAS | State NV | Zip Code 89108 | Transaction ID: PR2402444423217 |
| | FEC ID number of contributing federal political committee. | C | 09100 | Amount of Each Receipt this Period 1300.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Director | n Regulatory Affairs | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1900.00 | P/R Deduction (\$100.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) JAY M ANLIKER | <u> </u> | | Date of Receipt |
| | Mailing Address 4306 MOUNTAIN LAI | 1 2 3 1 2 0 0 9 | | |
| | City | State | Zip Code | Transaction ID: PR2402445023217 |
| | WAUSAU | WI | 54401 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 260.00 |
| | Name of Employer | Occupation CEO TP | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 360.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| . – | Full Name (Last, First, Middle Initial) JAMES C COLEMAN | | | Date of Receipt |
| | Mailing Address 4135 ETHAN DRIVE | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2402445223217 |
| | EAGAN | MN | 55123 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 260.00 |
| | Name of Employer | | loyee Relations | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 360.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) . | ı | | 1820.00 |

| I7 | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 112 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------------|--|-------------------------------|---|---|
| A 0 | ny information copied from such Reports and S r for commercial purposes, other than using the | tatements may name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | (United for | Health) | |
| ∠ 4. | Full Name (Last, First, Middle Initial) JAMES D DONOVAN | | | Date of Receipt |
| | Mailing Address 2816 MONTREAUX DR | | | 12 31 7 2009 |
| | City | State TX | Zip Code | Transaction ID: PR2402445323217 |
| | FRISCO | 17 | 75034 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 845.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation SVP Bus | n Dev and Marketing | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1170.00 | P/R Deduction (\$65.00 Bi- Weekly) |
| 3. | Full Name (Last, First, Middle Initial) JOHN L LARSEN | | | Date of Receipt |
| | Mailing Address 11688 TANGLEWOOD | DRIVE | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2402445623217 |
| | EDEN PRAIRIE | MN | 55347 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 325.00 |
| | Name of Employer | Occupation Presiden | n t Evercare | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 450.00 | P/R Deduction (\$25.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) KARA J RIOS | | | Date of Receipt |
| | Mailing Address 5116 DUGGAN PLAZA | 4 | | 12 31 7 2009 |
| | City | State | Zip Code | Transaction ID: PR2402445723217 |
| | EDINA | MN | 55439 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 3601.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Business | n s Segment CFO | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 4986.00 | P/R Deduction (\$277.00 Bi- Weekly) |
| Γ. | CURTOTAL of Descripto This Page (calls) | <u> </u> | | 4771.00 |
| | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | <u> </u> | 4771.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 113 / 173 (check only one) X 11a |
|---|---|---|---|
| 4 | Any information copied from such Reports and Si or for commercial purposes, other than using the | atements may not be sold or used by any personame and address of any political committee to | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | (United for Health) | |
| | Full Name (Last, First, Middle Initial) JOY O HIGA | | Date of Receipt |
| | Mailing Address 2208 ELM AVENUE | | 12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City MANHATTAN BEACH | State Zip Code CA 90266 | Transaction ID: PR2402446223217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 390.00 |
| | Name of Employer | Occupation Govt Rel Dir | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 510.00 | P/R Deduction (\$30.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) SOHINI G JINDAL | | Date of Receipt |
| | Mailing Address 19513 MILL DAM PLAG | DE | 12 31 2009 |
| | City | State Zip Code | Transaction ID: PR2402446323217 |
| | LANSDOWNE FEC ID number of contributing federal political committee. | VA 20176 | Amount of Each Receipt this Period 764.68 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Govt Rel Dir | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | P/R Deduction (\$58.72 Bi-Weekly) |
| _ | Full Name (Last, First, Middle Initial) RUSSELL C PETRELLA | | Date of Receipt |
| | Mailing Address 4612 MOORLAND AVE | ENUE | 1 2 3 1 2 0 0 9 |
| | City | State Zip Code | Transaction ID: PR2402446423217 |
| | EDINA | MN 55424 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1105.00 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation President Americhoice | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1445.00 | P/R Deduction (\$85.00 Bi-Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | 2259.68 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 114 / 173 (check only one) X |
|-----------------|---|---------------------------------|--|---|
| A | ny information copied from such Reports and r for commercial purposes, other than using the | Statements ma ne name and ad | y not be sold or used by any pers dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | C (United for | Health) | |
| ∠ 4 . | Full Name (Last, First, Middle Initial) JOELLE OISHI THORNHILL | | | Date of Receipt |
| | Mailing Address 801 E TIMBER BRAN | ICH PKWY | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2402446523217 |
| | ALEXANDRIA | VA | 22302 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 764.68 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Govt Re | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 | P/R Deduction (\$58.72 Bi- Weekly) |
| _ 3. | Full Name (Last, First, Middle Initial) CORY ALEXANDER | | | Date of Receipt |
| | Mailing Address 4203 BRADLEY LAN | E | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2405428823217 |
| | CHEVY CHASE | <u>MD</u> | 20815 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 2499.90 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation VP Gov' | n t Relations | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 3076.80 | P/R Deduction (\$192.30 Bi- Weekly) |
| _). | Full Name (Last, First, Middle Initial) JOSEPH R STEVENS | | | Date of Receipt |
| | Mailing Address 1621 BERKSHIRE R | D | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2405429123217 |
| | COLUMBUS | OH | 43221 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 799.99 |
| | Name of Employer UnitedHealth Group, Inc. | Occupation Govt Re | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 | P/R Deduction (\$66.67 Bi- Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | | | 4064.57 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 115 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) | d Statements may the name and add | v not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions |
| UnitedHealth Group Incorporated PA | AC (United for | Health) | |
| Full Name (Last, First, Middle Initial) RODNEY CHARLES ARMSTEAD | | | Date of Receipt |
| Mailing Address 2513 EAST SAN MIC | | | 12 31 7 2009 |
| City <u>PHOENIX</u> | State AZ | Zip Code 85016 | Transaction ID: PR2405430223217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 520.00 |
| Name of Employer | Occupation VP Opera | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | P/R Deduction (\$40.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) KAREN E BRACH | | | Date of Receipt |
| Mailing Address 1150 NORTH LAKE | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| City <u>CHICAGO</u> | State IL | Zip Code 60611 | Transaction ID: PR2408544523217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer | Occupation | 1 | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | P/R Deduction (\$250.00 Bi-Weekly) |
| Full Name (Last, First, Middle Initial) NANCY M ELLISON | | | Date of Receipt |
| Mailing Address PO BOX 82872 | | | 12 31 2009 |
| City KENMORE | State WA | Zip Code 98028 | Transaction ID: PR2408544623217 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30020 | 500.00 |
| Name of Employer | Occupation | 1 | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | P/R Deduction (\$500.00 Bi-Weekly) |
| SUBTOTAL of Receipts This Page (optional) |) | | 1270.00 |
| TOTAL This Period (last page this line numb | per only) | | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 116 / 173 (check only one) X |
|--------|---|-----------------|---|---|
| A C | ny information copied from such Reports and r for commercial purposes, other than using the | Statements ma | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | .C (United for | Health) | |
| | Full Name (Last, First, Middle Initial) KAREN ANN SAELENS | | | Date of Receipt |
| | Mailing Address 105 N FLORENCE A | VE | | 12 31 7 9 9 |
| | City LITCHFIELD PARK | State AZ | Zip Code 85340 | Transaction ID: PR2408544823217 |
| | FEC ID number of contributing federal political committee. | C | 03340 | Amount of Each Receipt this Period 240.00 |
| | Name of Employer | Occupation | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | P/R Deduction (\$20.00 Bi-Weekly) |
| _ | Full Name (Last, First, Middle Initial) CHRISTOPHER J WALSH | | | Date of Receipt |
| | Mailing Address 25675 MAPLE VIEW | 1 2 3 1 2 0 0 9 | | |
| | City | State | Zip Code | Transaction ID: PR2408544923217 |
| | SHOREWOOD | MN | 55331 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer | Occupation | n | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 500.00 | P/R Deduction (\$500.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) KATHLYN G WEE | | | Date of Receipt |
| | Mailing Address 3912 YUMA ST NW | #4 | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: PR2408545023217 |
| | WASHINGTON | DC | 20016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 240.00 |
| | Name of Employer | Occupation | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 240.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | • | | 980.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | (crieck only only) |
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| or for commercial purposes, other than using the | Statements may not be sold or used by any e name and address of any political commit | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | C (United for Health) | |
| Full Name (Last, First, Middle Initial) GAIL BOUDREAUX KOZIARA | | Date of Receipt |
| Mailing Address 841 HOLDEN COURT | | 12 31 7 2009 |
| City | State Zip Code | Transaction ID: PR2437119523217 |
| LAKE FOREST | IL 60045 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 4999.90 |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 4999.90 | P/R Deduction (\$0.00 Bi-W-eekly) |
| Full Name (Last, First, Middle Initial) WILLIAM A HAGAN | l | Date of Receipt |
| Mailing Address 6536 E GREYTHORN | DRIVE | 12 31 2009 |
| City | State Zip Code | Transaction ID: PR2437120023217 |
| SCOTTSDALE | AZ 85262 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 4999.90 |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 4999.90 | P/R Deduction (\$0.00 Bi-W-eekly) |
| Full Name (Last, First, Middle Initial) KENNETH YALE | <u> </u> | Date of Receipt |
| Mailing Address 12126 AMBLESIDE D | RIVE | 1 2 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR2437120623217 |
| POTOMAC | MD 20854 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 280.00 |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | P/R Deduction (\$40.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optional) | | 10279.80 |

| I | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 118 / 173 (check only one) X |
|-----------------|---|-----------------------------|--|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma name and ad | ay not be sold or used by any pers Idress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | (United for | Health) | |
| ∠ A . | Full Name (Last, First, Middle Initial) PAUL JOSEPH BALTHAZOR | | | Date of Receipt |
| | Mailing Address 9013 FARNSWORTH | AVENUE N | ORTH | 12 31 2009 |
| | City BROOKLYN PARK | State MN | Zip Code 55443 | Transaction ID: PR2437120723217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1500.00 |
| | Name of Employer | Occupation | on | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1500.00 | P/R Deduction (\$1500.00 Bi-Weekly) |
| - В. | Full Name (Last, First, Middle Initial) MITCHELL ZAMOFF Mailing Address 4126 WEST 45TH STF | REET | | Date of Receipt |
| | | 1LL I | | 12 31 2009 |
| | City EDINA | State MN | Zip Code | Transaction ID: PR2437121123217 |
| | FEC ID number of contributing federal political committee. | C | 55424 | Amount of Each Receipt this Period 2500.00 |
| | Name of Employer | Occupation | on | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2500.00 | P/R Deduction (\$2500.00 Bi-Weekly) |
| с. | Full Name (Last, First, Middle Initial) ROBERT S PRESTON Mailing Address 14904 SUMMIT OAKS | DRIVE | | Date of Receipt |
| | City | State | Zip Code | 12 31 2009 |
| | BURNSVILLE | MN | 55337 | Transaction ID: PR2437121423217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer | Occupation | on | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | P/R Deduction (\$500.00 Bi-Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 4500.00 |
| - | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | • | 4500.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 119 / 173 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|------------|---|-----------------------------|---|--|
| , | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | (United for | Health) | |
| . <u>/</u> | Full Name (Last, First, Middle Initial) JOHN W COSGRIFF | | | Date of Receipt |
| | Mailing Address 1837 SUMMIT LANE | | | 12 31 7 2009 |
| | City MENDOTA HEIGHTS | State MN | Zip Code 55118 | Transaction ID: PR2437121623217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer | Occupatio | n | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 250.00 | P/R Deduction (\$250.00 Bi- Weekly) |
| - | Full Name (Last, First, Middle Initial) JOHN P BLANK | | | Date of Receipt |
| | Mailing Address 1582 MEDINA RD | | | 12 31 2009 |
| | City MEDINA | State | Zip Code | Transaction ID: PR2437126923217 |
| | FEC ID number of contributing federal political committee. | C | 55356 | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer | Occupatio | n | 1 |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1000.00 | P/R Deduction (\$1000.00 Bi-Weekly) |
| _ | Full Name (Last, First, Middle Initial) PETER W RAINEY | | | Date of Receipt |
| | Mailing Address 3115 WEST 47 STREE | ĒΤ | | 1 2 3 1 2 0 0 9 |
| | City MINNEAPOLIS | State MN | Zip Code 55410 | Transaction ID: PR2437127523217 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 33410 | 1000.00 |
| | Name of Employer | Occupatio | n | 1 |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | P/R Deduction (\$1000.00 Bi-Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 2250.00 |
| r | TOTAL This Period (last page this line number | only) | | 193111.30 |
| - 1 | | ~··· <i>j</i> / ······ | ······ | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and State or for commercial purposes, other than using the received the state of the stat | atements ma name and ad | Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any persodress of any political committee to | FOR LINE NUMBER: PAGE 120 / 173 (check only one) 11a 11b 11c 12 13 14 15 X 16 17 In for the purpose of soliciting contributions solicit contributions from such committee. |
|----|--|----------------------------|---|--|
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | (United for | Health) | |
| A. | Full Name (Last, First, Middle Initial) Friends of Roger Kahn for Senate Mailing Address P.O. Box 1627 | | | Date of Receipt 10 19 2009 |
| | City | State | Zip Code | Transaction ID: 31060219 |
| | Saginaw | MI | 48605 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 600.00 |
| | Name of Employer | Occupatio | n | |
| | Receipt For: 2010 X Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 600.00 | Refund of excess contribution |
| В. | Full Name (Last, First, Middle Initial) Salazar For Senate | | | Date of Receipt |
| | Mailing Address PO Box 600 | | | 10 22 2009 |
| | City | State | Zip Code | Transaction ID: 31060223 |
| | <u>Denver</u> | CO | 80201 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C C00 | 0397679 | 3000.00 |
| | Name of Employer | Occupatio | n | |
| | Receipt For: 2010 Primary X General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 3000.00 | New Secretary of the Interior |

| SUBTOTAL of Receipts This Page (optional) | • | 3600.00 |
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| TOTAL This Period (last page this line number only) | <u> </u> | 3600.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 121 / 173 (check only one) 11a 11b X 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and or for commercial purposes, other than using t | d Statements may not be sold or used by any perso the name and address of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA | AC (United for Health) | |
| Full Name (Last, First, Middle Initial) United for Health PAC of Illinois Mailing Address 701 Pennsylvania Av Suite 650 City | venue, NW State Zip Code | Date of Receipt 1 1 0 5 2 0 0 9 Transaction ID: 31060220 |
| Washington FEC ID number of contributing federal political committee. | DC 20004 | Amount of Each Receipt this Period 190.06 |
| Name of Employer Receipt For: Primary General Other (specify) ▼ | Occupation Aggregate Year-to-Date ▼ 190.06 | Close out of UHC of IL PAC account |

| SUBTOTAL of Receipts This Page (optional) | • | 190.06 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | • | 190.06 |

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|---|-------------------------------------|--|--|-------------------|--|
| I EMIZED DIS | BURSEMEN' | | h category of the discussion o | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 |
| | | | | | for the purpose of soliciting contributions olicit contributions from such committee |
| NAME OF COMM | | | | | |
| Full Name (Last, F Friends of Blan | | | | | Transaction ID: 30182475 Date of Disbursement |
| Mailing Address | P.O. Box 77572 | ! | | | $\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 0 & 8 & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 9 & Y \end{bmatrix}$ |
| City Washington | | State DC | Zip Code 20013 | | Amount of Each Disbursement this Period |
| Purpose of Disbur Re-elect to US Se | | | | 011 | 1000.00 |
| Candidate Name Blanche Lambe Office Sought: | | Disbursement For: | 2010 | Category/ Type | |
| Office Sought. | X Senate President | X Primary | General pecify) | | Re-elect to US Senate |
| State: AR Full Name (Last, F Mike Crapo For | | | | | Transaction ID: 30182476 Date of Disbursement |
| Mailing Address | P.O. Box 1948 | | | | 0 7 0 8 7 2 0 0 9 |
| City Boise | | State ID | Zip Code 83701 | | Amount of Each Disbursement this Period |
| Purpose of Disbur Re-elect to US Se | | | | 011 | 3500.00 |
| Candidate Name Sen. Mike Crap | 0 | | | Category/ Type | |
| Office Sought: | House X Senate President District: | Disbursement For: X Primary Other (sp | 2010 General pecify) | | Re-elect to US Senate |
| Full Name (Last, F Alamo PAC | irst, Middle Initial) | | | | Transaction ID: 30182478 Date of Disbursement |
| Mailing Address | 919 Congress A Suite 1400 | ve | | | 07 08 7 2009 |
| City Austin | | State TX | Zip Code 78701 | | Amount of Each Disbursement this Perio |
| Purpose of Disbur Political Action Co | | | | 011 | 1000.00 |
| Candidate Name Alamo PAC | - Harris | Diahaasaa | | Category/ Type | |
| Office Sought: | House Senate President | Disbursement For: Primary Other (sp | General pecify) ▼ | | Political Action Committee |
| State: | District: | | · • • | | |
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| CHEDULE B (FEC FOIII 3X) | Use separate schedule(s | (check onl | NUMBER: PAGE 123 / 173 v one) |
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| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 |
| ny Information copied from such Reports and State of commercial purposes, other than using the national NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (| me and address of any politica | | |
| Full Name (Last, First, Middle Initial) | | | |
| New Democrat Coalition Political Action | Committee | | Transaction ID: 30182985 Date of Disbursement 0 7 0 8 2 0 0 9 |
| Mailing Address 607 14th Street NW St | uite 800 | | $\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix} $ |
| City Washington | State Zip Code DC 20005 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Political Action Committee Candidate Name | | 011 Category/ | 5000.00 |
| New Democrat Coalition Political Action | Committee | Type | |
| Senate President | rsement For: Primary General Other (specify) | | Political Action Committee |
| State: District: Full Name (Last, First, Middle Initial) | | | |
| Friends Of John Barrow | | | Transaction ID: 30264435 Date of Disbursement |
| Mailing Address PO Box 8166 | | | $\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 7 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 2 & 0 & 0 & 9 \end{bmatrix}$ |
| City Savannah | State Zip Code GA 31412 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | 011 | 2500.00 |
| Candidate Name Rep. John Barrow | | Category/ Type | |
| Office Sought: X House Senate President State: GA District: 12 | rsement For: 2010 X Primary General Other (specify) ▼ | • | |
| Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress, I | nc | | Transaction ID: 30302976 Date of Disbursement |
| Mailing Address PO Box 80126 | | | $\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & 0 & 9 \\ Y & 2 & 0 & 0 & 9 \end{bmatrix}$ |
| City Lafayette | State Zip Code LA 70598 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Re-elct to Congress | | 011 | 1000.00 |
| Candidate Name Rep. Charles W. Boustany, Jr. | | Category/ Type | |
| Senate President | rsement For: 2010 X Primary General Other (specify) ▼ | | Re-elct to Congress |
| State: LA District: 07 | | | |
| | | | 8500.00 |

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | , | FOR LINE NUMBER: PAGE 124 | | | | | | / 173 | |
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| ITEMIZED DISBURSEMENTS | for each category of the | ′ _r | (check on 21b | | | | | | | |
| | Detailed Summary Page | H | 27 | 22 28a | 26 30b | | | | | |
| Any Information copied from such Reports and State | | | | | | | | | | S |
| or for commercial purposes, other than using the nar | ne and address of any politica | ıl comi | mittee to s | olicit contri | butic | ons fro | m such | comi | mittee | |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (L | nited for Health) | | | | | | | | | |
| Onited realin Group incorporated 1 AO (C | Tilled for Fleating | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Senate Majority Fund | | | | Transa Date o | | | 30302 ment | 2980 |) | |
| Mailing Address P.O. Box 32025 | | | | 0 ^M 7 | M / | ^D 2 | 2 / | 2 | o ŏ s | e ^Y |
| City Phoenix | State Zip Code AZ 85064 | | | Amour | nt of | Each | Disburse | emer | nt this I | Period |
| Purpose of Disbursement Leadership PAC | | | 011 | L. | | | | 10 | 00.00 |) |
| Candidate Name Senate Majority Fund | | 1 | tegory/ Γype | | | | | | | |
| Senate President | ement For: Primary General Other (specify) | | | Leade | rshi | р РА | С | | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | _ | | | | | | |
| Hoyer For Congress | | | | Date o | of Dis | sburse | | | | V |
| Mailing Address 607 14th Street, Nw Suite 800 | | | | 0 7 | M / | ^D 2 | 2 / | ` 2 | o ŏ s | 9 |
| City Washington | State Zip Code DC 20005 | | | Amour | nt of | Each | Disburse | | | |
| Purpose of Disbursement Re-elect to Congress | | | 011 | | _ | • | | 25 | 00.00 |) |
| Candidate Name Rep. Steny H. Hoyer | | | tegory/ Γype | | | | | | | |
| Office Sought: X House Senate President State: MD District: 05 | ement For: 2010 Primary X General Other (specify) ▼ | | | Re-ele | ect to | o Cor | ngress | | | |
| Full Name (Last, First, Middle Initial) Hoyer For Congress | | | | Transa Date o | | | 30302 | 2990 |) | |
| Mailing Address 607 14th Street, Nw | | | | | M / | ^D 2 | | 2 | o ŏ s | Θ^{Y} |
| Suite 800 City Washington | State Zip Code DC 20005 | | | Amour | nt of | Each | Disburse | emer | nt this I | Period |
| Purpose of Disbursement Re-elect to Congress | | | 011 | <u> </u> | | | | 10 | 00.00 |) |
| Candidate Name Rep. Steny H. Hoyer | | Са | tegory/ Γype | | | | | | | |
| Office Sought: X House Senate President State: MD District: 05 | ement For: 2010 Primary X General Other (specify) | • | | Re-ele | ect to | o Cor | ngress | | | |
| SUBTOTAL of Disbursements This Page (optional | | | ▶ | | * | | | 45 | 00.00 | |
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| TOTAL This Period (last page this line number only | ") | | ▶ | | _ | | | | | |

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| / N | AME OF COMMITTEE (In Full) InitedHealth Group Incorporated P | | | - | | | | | | | | | |
| / Fι | ull Name (Last, First, Middle Initial) | | | | | | Trans | action | ı ID: | 3030 | 3008 | | |
| G | riffith For Congress | | | | | | Date o | of Disb | ursen | ent | 0000 | | |
| M | ailing Address Post Office Box 29 | 916 | | | | | 0 ^M 7 | M / | 2 2 | 2 / | ž | 0 Ď 9 | Y |
| | ity untsville | State AL | Zip Code 35804 | | | | Amou | nt of E | ach D | isburs | emen | t this F | Perio |
| _ | urpose of Disbursement | , , , , , , , , , , , , , , , , , , , | 33004 | _ | | _ | | | | | 10 | 00.00 | |
| Re | e-elect to Congress | | | | 011 | | | | | | | | |
| | andidate Name ep. Parker Griffith, MD | | | | ategory Type | '/ | | | | | | | |
| | Senate President | Disbursement For: X Primary Other (spe | 2010 General cify) | | | | Re-ele | ect to | Cong | gress | | | |
| | tate: AL District: 05 | | | | | | | | | | | | |
| | ull Name (Last, First, Middle Initial) arl Pomeroy for Congress | | | | | | Trans Date of | | | | 3031 | | |
| _ | ailing Address P.O. Box 75214 | | | | | | | M / | ^D 22 | | Ý Ž | 0 ŏ 9 | Y |
| | ity | State | Zip Code | | | | Amou | nt of E | ach D | isburs | emen | t this F | Perio |
| _ | /ashington urpose of Disbursement | DC | 20013-5214 | | | | | | | | 10 | 00.00 | |
| | e-elect to Congress | | | | 011 | | | _ | | | | - | _ |
| | andidate Name arl Pomeroy | | | | ategory Type | '/ | | | | | | | |
| | ffice Sought: X House Senate President tate: ND District: 01 | Disbursement For: Primary Other (spe | 2010 X General cify) ▼ | | | | Re-ele | ect to | Cong | gress | | | |
| Fu | ull Name (Last, First, Middle Initial) einstein For Senate | | | | | | Trans Date of | | | | 3057 | | |
| _ | lailing Address 1212 S Victory Blv | /d | | | | | 0 ^M 7 | | 2 2 | | Y Ž | 0 ŏ 9 | Y |
| | ity | State | Zip Code | | | | Amou | nt of E | ach D | isburs | emen | t this F | Perio |
| _ | urbank urpose of Disbursement | CA | 91502 | _ | | | | | | | 10 | 00.00 | |
| Re | e-elect to Senate | | | | 011 | | | | | | | | |
| | andidate Name en. Dianne Feinstein | | | | ategory Type | 1/ | | | | | | | |
| _ | | Disbursement For: X Primary Other (spe | 2012 General cify) | | . 100 | | Re-ele | ect to | Sena | ite | | | |
| St | tate: CA District: | | | | | | | | | | | | |
| | STOTAL of Disbursements This Page (or | -ti1) | | | | • | | - | | | 300 | 00.00 | , |

| | CHEDULE B (FEC FOIII 3X) | Use separate schedul | | | | IE NUMBER: PAGE 1 nly one) | | | | | / 173 |
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| | EMIZED DISBURSEMENTS | for each category of th Detailed Summary Page | ge | È | 21b 27 | 22 28a | X 23 28 | b 🗌 | 24 28c | 25 29 | |
| | y Information copied from such Reports and Stater for commercial purposes, other than using the nam | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U | nited for Health) | | | | | | | | | |
| · | Full Name (Last, First, Middle Initial) Narragansett Bay PAC | | | | | Date | action of Disbu | ırsemer | it | | |
| | Mailing Address PO Box 8628 | | | | | 0 7 | M / | ^D 2 2 2 | / Y | ž o ŏ : | 9 ^Y |
| | City Cranston | State Zip Code RI 02920 | | | | Amou | int of Ea | ach Disk | ourseme | nt this | Period |
| | Purpose of Disbursement Leadership PAC | | Т | 0 | 11 | | | | 1 | 000.00 | 0 |
| | Candidate Name Narragansett Bay PAC | | | | egory/ pe | | | | | | |
| | Office Sought: House Disburs | ement For: Primary General Other (specify) | al . | | | Leade | ership | PAC | | | |
| | Full Name (Last, First, Middle Initial) Hatch Election Committee | | | | | Date | action of Disbu | ırsemer | | 2 | |
| | Mailing Address 555 13th Street NW Suite 600 East | | | | | 0 7 | M / | ^D 2 8 | / Y | ž 0 ŏ : | 9 ^Y |
| | City Washington | State Zip Code DC 20004-11 | 09 | | | Amou | int of Ea | ach Disk | ourseme | nt this | Period |
| | Purpose of Disbursement Re-elect to US Senate | | | 0 | 11 | † L. | | | 1 | 500.00 | 0 |
| | Candidate Name Orrin G. Hatch | | | Cate | gory/ pe | | | | | | |
| | Office Sought: House Disburs X Senate President State: UT District: | ement For: 2012 Primary X Gener Other (specify) | ral | | | Re-el | ect to l | JS Ser | nate | | |
| | Full Name (Last, First, Middle Initial) The Grassley Committee, Inc. | | | | | Date | action of Disbu | ırsemer | ıt | | |
| | Mailing Address P.O. Box 6193 | | | | | 0 ^M 7 | M / | ^D 2 8 | / Y | ž o ŏ : | 9 ^Y |
| | City Alexandria | State Zip Code VA 22306-01 | 93 | | | Amou | int of Ea | ach Disk | ourseme | nt this | Period |
| | Purpose of Disbursement Re-elect to US Senate | | | 0 | 11 | L. | | | 2 | 500.00 | 0 |
| | Candidate Name Charles E. Grassley | | | | gory/ pe | | | | | | |
| | | ement For: 2010 Primary Gener Other (specify) | ral | | | Re-el | ect to l | JS Sei | nate | | |
| Г | OIAIG. IA DISTINCT. | | | | | | | | | | |

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| SCHEDULE B (FEC Form 3X) | Use separate schedul | e(s) | FOR LINE | - | 27 / 3 | 173 | | | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Pa | ne ´ | (check only 21b 27 | - ´ - | X 23 28b | 24 28c | | 5 [| 26 30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | and address of any pon | | | | | | | | |
| UnitedHealth Group Incorporated PAC (Un | ited for Health) | | | | | | | | |
| Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan | | | | | ction ID: Disburs | : 30329 ement | 9614 | | |
| Mailing Address PO Box 871 | | | | 07 | / D2 | 28 | ž0 | ŏ9 | Y |
| , | State Zip Code ND 58502 | | | Amount | t of Each | Disburse | | - | eriod |
| Purpose of Disbursement Re-Elect to US Senate | | | 011 | | | | 2500 | 0.00 | |
| Candidate Name Sen. Byron L. Dorgan | | C | Category/ Type | | | | | | |
| X Senate X President | ment For: 2010 Primary Gene Other (specify) | ral | | Re-Elec | ct to US | S Senate |) | | |
| State: ND District: Full Name (Last, First, Middle Initial) | | | | Transa | ction ID: | : 30329 |)615 | | |
| Pat Roberts Victory Committee | | | | | Disburs | ement | | V ° | V |
| Mailing Address 610 S. Boulevard St | | | | 0 7 |] | 28 | 20 | ŏ9 | |
| | State Zip Code FL 33606 | | | Amount | t of Each | Disburse | ement th | nis Pe | eriod |
| Purpose of Disbursement Joint Fundraising Committee 50% split | | | 011 | | | | 3000 | 0.00 | |
| Candidate Name | | C | ategory/ Type | | | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary Gene Other (specify) | ral | | Joint Free 50% | undrais split | ing Com | ımitt- | | |
| Full Name (Last, First, Middle Initial) | | | | Transa | ction ID: | : 30329 | 9624 | | |
| Klobuchar For Minnesota 2012 | | | | Date of | Disburs | ement | | V - | V |
| Mailing Address PO Box 4146 | | | | 0 ^M 7 ^M | | 29 / | 20 | ŏ9 | |
| | State Zip Code MN 55104 | | | Amount | t of Each | Disburse | ement th | nis Pe | eriod |
| Purpose of Disbursement Re-elect to US Senate | | | 011 | | | | 1000 | 0.00 | |
| Candidate Name Sen. Amy Klobuchar | | C | Category/ Type | | | | | | |
| X Senate X President | ment For: 2012 Primary Gene Other (specify) | ral | | Re-elect to US Senate | | | | | |
| State: MN District: | | | | | | | | - | |
| SUBTOTAL of Disbursements This Page (optional) . | | | <u> </u> | <u></u> | | | 6500 | .00 | |
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| TEMIZED DISPUBLICATION | | arate schedule(s) | | (check on | E NUMBER: PAGE 128 / 173 ly one) |
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| TEMIZED DISBURSEMENTS | Detailed | category of the Summary Page | | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 |
| any Information copied from such Reports and Sta r for commercial purposes, other than using the na | | | | | |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (| United for H | ealth) | | | |
| Full Name (Last, First, Middle Initial) | | | | | Transaction ID: 30329625 |
| Richard Burr Committee | | | | | Date of Disbursement |
| Mailing Address P.O. Box 5928 | | | | | $\begin{bmatrix} 0 & 7 & M & 7 & D & D & 7 & Y & Y & Y & Y & Y & Y & Y & Y & Y$ |
| City Winston-Salem | State NC | Zip Code 27113 | | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | INC | 2/113 | | • | 1000.00 |
| Re-elect to US Senate Candidate Name | | | | 011 | |
| Richard M. Burr | | | | itegory/ Γype | |
| Senate President | rsement For: X Primary Other (spe | 2010 General ecify) | | | Re-elect to US Senate |
| State: NC District: 05 | | | | | |
| Full Name (Last, First, Middle Initial) JAZZ PAC | | | | | Transaction ID: 30329627 Date of Disbursement |
| Mailing Address 10 G Street, NE Suite 470 | | | | | $\begin{bmatrix} 0 & 7 & 1 \\ 0 & 7 & 1 \end{bmatrix} \begin{bmatrix} 0 & 2 & 9 \\ 0 & 2 & 9 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 & 9 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$ |
| City Washington | State DC | Zip Code 20002 | | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Leadership PAC | | | | 011 | 1000.00 |
| Candidate Name JAZZ PAC | | | Ca | tegory/ Type | |
| Senate President | rsement For: Primary Other (spe | General ▼ | | | Leadership PAC |
| State: District: Full Name (Last, First, Middle Initial) | | | | | Transaction ID: 30329629 |
| Friends Of Roger Wicker | | | | | Date of Disbursement |
| Mailing Address P.O. Box 874 | | | | | $\begin{bmatrix} 0 & 7 & M & 7 & D & D & 7 & 2 & 9 & 9 & 9 & 9 & 9 & 9 & 9 & 9 & 9$ |
| City Tupelo | State MS | Zip Code 38802 | | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Re-elect to US Senate | | | | 011 | 1000.00 |
| Candidate Name Rep. Roger F. Wicker | | | Ca | itegory/ Γype | |
| Office Sought: X House Senate President Disbu | rsement For: X Primary Other (spe | 2014 General ecify) ▼ | | | Re-elect to US Senate |
| State: MS District: 01 | | | | | |
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| \rangle | NAME OF COM | <u> </u> | | | | | | | | | | | |
| <u>/</u> | Full Name (Last, Senate Majorit | First, Middle Initial) y Fund | | | | | | | | ID: 303 | 29630 |) | |
| | Mailing Address | P.O. Box 3202 | 5 | | | | | 0 ^M 7 | M / | 29 | Y | 009 | Υ |
| | City Phoenix | | | State AZ | Zip Code 85064 | | | Amou | ınt of Ea | ch Disbu | | | - |
| | Purpose of Disbu Leadership PAC | | | | | 011 | | | | | 10 | 00.00 | |
| | Candidate Name Senate Majorit Office Sought: | | Disburser | ment For | | atego Type | - | _ | | | | | |
| | State: | Senate President District: | | Primary Other (spe | General ecify) ▼ | | | Lead | ership | PAC | | | |
| | | First, Middle Initial) | | | | | | | | ID: 303 | 29631 | l | |
| | Mailing Address | 509 Madison A Suite 1902 | lve. | | | | | 0 ^M 7 | M / | 29 / | Y | 0 0 9 | Y |
| | City New York | 04.10 1002 | | State NY | Zip Code 10022 | | | Amou | ınt of Ea | ch Disbu | rsemer | nt this P | erio |
| | Purpose of Disbu Leadership PAC | irsement | | | | 011 | | | | | 50 | 00.00 | _ |
| | Candidate Name Impact | | | | | atego Type | | | | | | | |
| | Office Sought: State: | House Senate President District: | Disburser | ment For: Primary Other (spe | General ecify) ▼ | | | Lead | ership | PAC | | | |
| | Full Name (Last, Georgians for | First, Middle Initial) Isakson | .1 | | | | | Date | of Disbu | ID: 303 | | | |
| | Mailing Address | Post Office Bo | x 71955 | | | | | 0 ^M 7 | M / | 29 | Y 2 | 0 ŏ 9 | Y |
| | City Marierta | | | State GA | Zip Code 30007 | | | Amou | ınt of Ea | ch Disbu | | | - |
| | Purpose of Disbu Re-elect to US S | enate | | | | 011 | ٦ | L. | • | | 10 | 00.00 | |
| | Candidate Name Johnny Isakso | n | 1 5 | | | atego Type | - | - | | | | | |
| | Office Sought: State: GA | X Senate President District: | Disburser X | ment For: Primary Other (spe | 2010 General | | | Re-el | ect to l | JS Sena | ite | | |
| | | | | | | | | | | | | | |

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s | s) | | NUMBER: | AGE 130 | 0 / 173 | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | (check on 21b 27 | 22 X 2 | 23 24 28b 28c | 25 29 | 26 30b |
| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | | | | | |
| NAME OF COMMITTEE (In Full) | | - | | | | | |
| UnitedHealth Group Incorporated PAC (Un | ited for Health) | | | | | | |
| Full Name (Last, First, Middle Initial) Frank Kratovil For Congress | | | | Transaction Date of Disl | n ID: 30329 bursement | 9651 | |
| Mailing Address 222 Main Sail Drive PO Box 518 | | | | 07 / | 29 / | ŽOŎ | 9 ^Y |
| , | State Zip Code MD 21666 | | | Amount of E | Each Disburs | ement this | Period |
| Purpose of Disbursement Re-elect to US Congress | | | 011 | L | | 1000.0 | 0 |
| Candidate Name Rep. Frank M. Kratovil, Jr. | | Ca | ategory/ Type | | | | |
| Senate X President | ment For: 2010 Primary General Other (specify) | | | Re-elect to | US Congre | ess | |
| State: MD District: 01 Full Name (Last, First, Middle Initial) All America PAC | | | | Transaction Date of Disl | n ID: 30329 | 9652 | |
| Mailing Address 607 14th Street NW Suite 800 | | | | 07 | 29 | y žoŏ | 9 ^Y |
| • | State Zip Code DC 20005 | | | Amount of E | Each Disburs | ement this | Period |
| Purpose of Disbursement Leadership PAC | | | 011 | | | 5000.0 | 0 |
| Candidate Name All America PAC | | | ategory/ Type | | | | |
| Office Sought: House Senate President State: District: | ment For: Primary General Other (specify) ▼ | | | Leadership | o PAC | | |
| Full Name (Last, First, Middle Initial) Wyoming Values PAC | | | | Date of Disl | | 9657 | |
| Mailing Address 406 Virginia Avenue | | | | 07 | ^D 29 / | ^Y 200 | 9 ^Y |
| | State Zip Code VA 22302 | | | Amount of E | Each Disburs | ement this | Period |
| Purpose of Disbursement Leadership PAC | | | 011 | L | | 1000.0 | 0 |
| Candidate Name Wyoming Values PAC | | | ategory/ Type | | | | |
| Office Sought: House Disburse Senate President State: District: | ment For: Primary General Other (specify) ▼ | | | Leadership | o PAC | | |
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| TEMIZED DISE | | De | etailed (| category of the Summary Page | | À | 21b 27 | 22 X 23 24 25 28 28c 29 |
| | | | | | | | | or the purpose of soliciting contributions licit contributions from such committee |
| NAME OF COMMIT | TEE (In Full) | | | | | | | |
| UnitedHealth Gro | up Incorporated | PAC (United | for He | ealth) | | | | |
| Full Name (Last, Firs | t, Middle Initial) | | | | | | | Transaction ID: 30335958 |
| Glacier PAC | | | | | | | | Date of Disbursement 0 7 1 5 2 0 0 9 |
| | 818 Connecticut Suite 1100 | : Ave. NW | | | | | | 07 15 2009 |
| City Washington | | State DC | | Zip Code 20006 | | | | Amount of Each Disbursement this Pe |
| Purpose of Disburse | ment | | | | | | | -5000.00 |
| Void - Glacier PAC Candidate Name Glacier PAC | | | | | | 011 atego Type | ory/ | |
| Office Sought: | House Senate President | Disbursement Prim | nary | General | | Турс | | Void - Glacier PAC |
| | strict: | | | | | | | |
| Full Name (Last, Firs Georgians for Isa | | | | | | | | Transaction ID: 30347118 Date of Disbursement |
| Mailing Address | Post Office Box | 71955 | | | | | | $\begin{bmatrix} \begin{smallmatrix} M \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} \underbrace{\begin{smallmatrix} Y \\ 0 & O \end{smallmatrix}} \underbrace{\begin{smallmatrix} Y \\ 0 & V \end{smallmatrix}} \underbrace{\begin{smallmatrix} Y \\ 0 & $ |
| City Marierta | | State GA | | Zip Code 30007 | | | | Amount of Each Disbursement this Pe |
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| Candidate Name Johnny Isakson | | | | | | atego Type | - | |
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| Full Name (Last, Firs | t, Middle Initial) | | | | | | | Transaction ID: 30453279 Date of Disbursement |
| Mailing Address | 111-36 200th. S | treet | | | | | | $\begin{bmatrix} 0 & 8 & M \end{bmatrix} / \begin{bmatrix} D & 2 & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & 0 & 0 & 9 \end{bmatrix}$ |
| City Hollis | | State NY | | Zip Code 11412 | | | | Amount of Each Disbursement this Pe |
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| Candidate Name Rep. Yvette D. Cl | arke | | | | | atego Type | | |
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| SCHEDULE B (FEC FORM 3X) | Use separate schedule(s) |) FOR LINE (check only | NUMBER: PAGE 132 / 173 y one) |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 24 25 2 28a 28b 28c 29 |
| Any Information copied from such Reports and Sta or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (| ame and address of any politica | | |
| Full Name (Last, First, Middle Initial) Gillibrand For Senate Mailing Address 313 C Street Ne | | | Transaction ID: 30453379 Date of Disbursement 0 8 M / D 2 D / Y Y Y O 9 9 |
| City Washington Purpose of Disbursement | State Zip Code DC 20002 | | Amount of Each Disbursement this Period 3500.00 |
| Re-elect to US Senate Candidate Name Rep. Kirsten Gillibrand Office Sought: X House Disbu | ursement For: 2010 | 011 Category/ Type | |
| Senate President State: NY District: 20 | X Primary General Other (specify) | | Re-elect to US Senate |
| Full Name (Last, First, Middle Initial) Leadeship in the New Century (LINCPA | C) | | Transaction ID: 30453707 Date of Disbursement |
| Mailing Address 124 West Capitol Ave Suite 630 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O & O \\ Y & D & O & O & O \end{bmatrix} $ |
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| Senate President State: District: | Primary General Other (specify) ▼ | | |
| Full Name (Last, First, Middle Initial) Mike Ross for Congress | | | Transaction ID: 30470211 Date of Disbursement |
| Mailing Address 227 Massachusette Av Ste 101 | ve N.E. | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$ |
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| Michael Avery Ross | x Primary General Other (specify) | Туре | Re-elect to Congress |
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| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U | nited for Health) | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Boyd For Congress | | | | | Trans Date | | sburs | emen | - | | Y | Y |
| | Mailing Address P.O. Box 15703 | | | | | 0 ^M 9 | | | 1 | L | 2 | o ŏ 9 | |
| | City Tallahassee | State Zip Code FL 32317 | | | | Amou | nt of | Each | Disb | urse | - | this P | - |
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| _ | Full Name (Last, First, Middle Initial) Friends For Gregory Meeks | | | | | Trans | | | | _ | 342 | | |
| | Mailing Address 153-01 Jamaica Ave. Si | uite 535 | | | | 0 ^M 9 | М | ^D C |) 1 | / Y | ž | o ŏ 9 | Y |
| | City Jamaica | State Zip Code NY 11432 | | | | Amou | nt of | Each | Disb | oursei | | this P | |
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| | Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress | | | | | Trans Date | of Di | sburs | emen |)582: it | | | _ |
| | Mailing Address P.O. Box 75214 | | | | | 0 ^M 9 | М | ^D 1 | 7 | / L | ž | 0 ŏ 9 | Y |
| | City Washington | State Zip Code DC 20013-5214 | 1 | | | Amou | nt of | Each | Disb | ourse | ment | this P | eriod |
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| TEMIZED DISBURSEMENTS for each category of the 21 b 22 23 24 25 25 28 28 28 28 28 28 | SCHEDULE B (FEC FOIII 3X) | Use separate schedule(s) | DR LINE NUMBER: PAGE 134 / 173 heck only one) |
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| NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee Mailing Address P.O. Box A City State Zip Code M.O. 64701 Purpose of Disbursement President State: Wo District: 04 Full Name (Last, First, Middle Initial) Bennet For Colorado Mailing Address 2300 15th Street Suite 425 City State Zip Code (Sepony) ■ Re-elect to Congress Candidate Name President State: Wo District: 04 Full Name (Last, First, Middle Initial) Bennet For Colorado Mailing Address 2300 15th Street Suite 425 City State Zip Code (Sepony) ■ Amount of Each Disbursement this Peric Colorado Mailing Address 2300 15th Street Suite 425 City State Zip Code (Sepony) ■ Amount of Each Disbursement this Peric Colorado Mailing Address 2300 15th Street Suite 425 City State Zip Code (Condidate Name Mr. Michael Bennet President State: CO District: 04 Full Name (Last, First, Middle Initial) Mally Herger For Congress Committee Mailing Address PO Box 1500 City State Zip Code (Condidate Name President State) Code (Condidate Name Re-elect to Congress Committee) Mailing Address PO Box 1500 City Chico Code (Sa 95927 Purpose of Disbursement Re-elect to Congress Condidate Name Rep. Wally Herger (Congress Condidate Name President Vally Herger (Congress Condidate Name | | Detailed Summary Page | 21b 22 X 23 24 25 27 28a 28b 28c 29 |
| UnitedHealth Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee Mailing Address P.O. Box A City State Zip Code MO 64701 Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Ike Skelton Office Sought: X House President State: MO District: 04 Full Name (Last, First, Middle Initial) Bennet For Colorado Mailing Address 2300 15th Street Suite 425 City State Zip Code CO 80202 Purpose of Disbursement Re-elect to US Senate Candidate Name Rep. Hally Herger Category/ Type Transaction ID: 30585866 Date of Disbursement Amount of Each Disbursement this Peric Code Date of Disbursement Category/ Type Transaction ID: 30585866 Date of Disbursement Amount of Each Disbursement this Peric Code Date of Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Category/ Type Transaction ID: 30585866 Date of Disbursement Category/ Type Amount of Each Disbursement this Peric Category/ Type City Chico Sought: X House Senate Mailing Address PO Box 1500 City Character Type Code CA 95927 Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Wally Herger Office Sought: X House Senate President X Primary General Category/ Type Category/ Type Category/ Type Category/ Type Repelect to Congress Candidate Name Rep. Wally Herger Office Sought: X House Senate President X Primary General Category/ Type Category/ Type Category/ Type Repelect to Congress Candidate Name Rep. Wally Herger Office Sought: X House Senate President X Primary General Category/ Type Category/ Type Repelect to Congress Candidate Name Rep. Wally Herger Office Sought: X House Senate President X Primary General Category/ Type Repelect to Congress Candidate Name Rep. Wally Herger Office Sought: X House Sen | | | |
| Mailing Address P.O. Box A | ` ' | Jnited for Health) | |
| City | , | | |
| Harrisonville MO 64701 Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Ike Skelton Office Sought: | Mailing Address P.O. Box A | | 09 17 7 2009 |
| Re-elect to Congress Candidate Name Rep. Ike Skelton Office Sought: | | | |
| Rep. Ike Skelton Office Sought: | Re-elect to Congress | | 1 |
| Senate President State: MO District: 04 Full Name (Last, First, Middle Initial) Bennet For Colorado Mailing Address 2300 15th Street Suite 425 City State Zip Code Denver CO 80202 Purpose of Disbursement Re-elect to US Senate President Disbursement For: 2010 Mr. Michael Bennet Office Sought: House President State Spante State: CO District: Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee Mailing Address PO Box 1500 City State Zip Code CA 95927 Purpose of Disbursement For: 2010 Mailing Address PO Box 1500 City State Zip Code CA 95927 Purpose of Disbursement For: 2010 Category' Type Office Sought: Amount of Each Disbursement this Period Disbursement For: 2010 City State Zip Code CA 95927 Purpose of Disbursement For: 2010 City State Zip Code CA 95927 Purpose of Disbursement For: 2010 Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type Office Sought: President Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type Office Sought: Primary General Category' Type Office Sought: President Congress Re-elect to Congress | Rep. Ike Skelton | Тур | oe |
| Full Name (Last, First, Middle Initial) Bennet For Colorado Mailing Address 2300 15th Street Suite 425 City | Senate President | X Primary General | Re-elect to Congress |
| Mailing Address 2300 15th Street Suite 425 City State Zip Code CO 80202 Purpose of Disbursement Re-elect to US Senate Candidate Name Mr. Michael Bennet Office Sought: House President State: CO District: Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee Mailing Address PO Box 1500 City State Zip Code CO 80202 Amount of Each Disbursement this Peric Category/ Type Re-elect to US Senate Transaction ID: 30586732 Date of Disbursement May 1 | Full Name (Last, First, Middle Initial) | | |
| Denver CO 80202 Purpose of Disbursement Re-elect to US Senate Candidate Name Mr. Michael Bennet Office Sought: House X Senate President President State: CO District: Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee Mailing Address PO Box 1500 City State Zip Code CA 95927 Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Wally Herger Category/ Type Amount of Each Disbursement this Peric Category/ Type Office Sought: X House Senate President | Mailing Address 2300 15th Street Suite | 425 | |
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| Senate | Rep. Wally Herger | Тур | pe |
| State: CA DISTRICT: 02 | Senate President | X Primary General | Re-elect to Congress |
| | State: CA DISTRICT: 02 | | |

| SCHEDULE B (FEC | Form 3X) | Use separate schedule | (e) i | NE NUMBER: PAGE 135 / 173 |
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| TEMIZED DISBUR | | for each category of the Detailed Summary Pag | | 22 X 23 24 25 |
| | | | | n for the purpose of soliciting contributions solicit contributions from such committee |
| NAME OF COMMITTEE (UnitedHealth Group In | In Full) | , , , , , , , , , , , , , , , , , , , | | |
| Full Name (Last, First, Mid | dle Initial) | | | Transaction ID: 30586860 |
| The Freedom Project | | | | Date of Disbursement |
| Mailing Address 111 (| C Street SE | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Washington | Sta D | ate Zip Code C 20003 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement PAC | | | 044 | 1000.00 |
| Candidate Name The Freedom Project | | | O11 Category/ Type | |
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| State: District Full Name (Last, First, Mid | | | | T 15 00500074 |
| Chris Lee For Congres | , | | | Transaction ID: 30586971 Date of Disbursement |
| Mailing Address PO E | Box 15395 | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Rochester | Sta N' | ate Zip Code Y 14615 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Re-elect to Congress | | | 011 | 1000.00 |
| Candidate Name Mr. Christopher Lee | | | Category/ Type | |
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| Full Name (Last, First, Mid Charles Boustany Jr M | | | | Transaction ID: 30587076 Date of Disbursement |
| Mailing Address PO E | Box 80126 | | | 09 |
| City Lafayette | Sta LA | ate Zip Code A 70598 | | Amount of Each Disbursement this Perio |
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| Candidate Name Rep. Charles W. Bous | tany, Jr. | | Category/ Type | |
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| UnitedHealth Group Incorpor | rated PAC (United for Hea | alth) | | |
| Full Name (Last, First, Middle Initi | • | | | Transaction ID: 30587243 |
| Leadeship in the New Centur | y (LINCPAC) | | | Date of Disbursement |
| Mailing Address 124 West (Suite 630 | Capitol Avenue | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Little Rock | State AR | Zip Code 72201 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | AR | 72201 | | 500.00 |
| Leadership PAC | | | 011 | |
| Candidate Name Leadeship in the New Centur | y (LINCPAC) | | Category/ Type | |
| Office Sought: House Senate President | Disbursement For: Primary Other (spec | General ify) ▼ | | Leadership PAC |
| State: District: Full Name (Last, First, Middle Initi | al) | | | |
| Committee To Elect Chris Mi | | | | Transaction ID: 30599331 Date of Disbursement |
| Mailing Address P.O. Box 1 | | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$ |
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| Purpose of Disbursement Re-elect to US Senate | - | | 011 | 1000.00 |
| Candidate Name Rep. Christopher Scott Murp | hy | , | Category/ Type | |
| Office Sought: X House Senate President State: CT District: 05 | Disbursement For: X Primary Other (spec | 2010 General | | Re-elect to US Senate |
| Full Name (Last, First, Middle Initi | al) | | | Transaction ID: 30608655 |
| Georgians for Isakson | | | | Date of Disbursement |
| Mailing Address Post Office | Box 71955 | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Marierta | State GA | Zip Code 30007 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Void - Georgians for Isakson - reis | ssued on 09/29/2009 | | 011 | -500.00 |
| Candidate Name Johnny Isakson | | | Category/ | |
| Office Sought: House X Senate President | Disbursement For: X Primary Other (spec | 2010 General | Туре | Void - Georgians for Isak- son - reissued on 09/29/2- 009 |
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| State: GA District: | | | | |

| Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) United Health Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Georgians for Isakson Mailing Address Post Office Box 71955 City Marierta GA 30007 Purpose of Disbursement Candidate Name Johnny Isakson Office Sought: House Senate President President State: GA District: Full Name (Last, First, Middle Initial) Gillibrand For Senate Mailing Address 313 C Street Ne City State Zip Code Disbursement To: 2010 Purpose of Disbursement Represent Represent For: 20002 Purpose of Disbursement Represent Represent For: 20002 Purpose of Disbursement Represent Represent For: 20002 Purpose of Disbursement Represent Represent Gallibrand Office Sought: X House President Senate Disbursement For: 2010 Category' Type Office Sought: X House President Senate Disbursement For: 2010 Category' Type Office Sought: X House President Senate Disbursement For: 2010 Category' Type Office Sought: X House President Senate Disbursement For: 2010 Category' Type Office Sought: X House President Senate Disbursement For: 2010 Category' Type Office Sought: X House President Senate Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House Disbursement For: 2010 Category' Type Office Sought: X House | SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS | for each cate | e schedule(s) egory of the mmary Page | FOR LINE (check only | | 137 / 173 25 |
|---|---|-----------------|---|----------------------|----------------------------|----------------------|
| NAME OF COMMITTEE (In Full) Varieted Health Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Georgians for Isakson Mailing Address Post Office Box 71955 City State Zip Code Marierta GA 30007 Purpose of Disbursement Candidate Name Johnny Isakson Milliprand For Senate Disbursement For: 2010 City Senate President State: GA District: Full Name (Last, First, Middle Initial) Gillibrand Office Sought: X I House Candidate Name Rep. Kirsten Gillibrand Office Sought: X I House Disbursement For: 2010 DC 20002 Purpose of Disbursement Office Sought: X I House Disbursement For: 2010 Category/ Type Transaction ID: 30636792 Date of Disbursement Transaction ID: 30636792 Date of Disbursement Category/ Type Amount of Each Disbursement this Peric Category/ Type Re-elect to US Senate President State: NY District: 20 Full Name (Last, First, Middle Initial) City Sanate President State: NY District: 20 Full Name (Last, First, Middle Initial) City Sanate President State: NY District: 20 City Sanate President DC 20003 Purpose of Disbursement Category/ Type Transaction ID: 30636892 Date of Disbursement Category/ Type Transaction ID: 30636892 Date of Disbursement Category/ Type Transaction ID: 30636892 Date of Disbursement Category/ Type Amount of Each Disbursement Transaction ID: 30636892 Date of Disbursement Category/ Type Transaction ID: 30636892 Date of Disbursement Category/ Type Transaction ID: 30636892 Date of Disbursement Category/ Type City Mailing Address Ago South Capitol Street, SW Suite 422 City Code Category/ Category/ Type City Mailing Address Ago South Capitol Street, SW City Mailing Address Disbursement Category/ Type City Mailing Address Disbursement Category/ Type C | Any Information conicd from such Describe and Older | | , , | 27 | 28a 28b 28c | 29 |
| Transaction ID: 30608656 Date of Disbursement Category | | | | | | |
| Georgians for Isakson Mailing Address Post Office Box 71955 City State Zip Code Marierta GA 30007 Purpose of Disbursement Candidate Name Johnny Isakson Office Sought: House Disbursement For: 2010 Yes enate President Other (specify) ▼ City State: GA Disbursement For: 2010 Yes enate President Other (specify) ▼ City State: Tirst, Middle Initial) Gillibrand For Senate Mailing Address 313 C Street Ne City State: Zip Code Washington DC 20002 Purpose of Disbursement Re-elect to US Senate President Other (specify) ▼ City Senate Disbursement For: 2010 Amount of Each Disbursement this Perick Primary General Disbursement For: 2010 Yes enable President Other (specify) ▼ City Senate Disbursement For: 2010 Primary General Disbursement For: 2010 Senate President Other (specify) Yes enable President Other (specify) Yes enable President Other (specify) Yes on 7 / 2 0 0 9 / 2 0 | ` ' | ited for Heal | th) | | | |
| City Marierta GA 30007 Purpose of Disbursement Candidate Name Johnny Isakson Office Sought: | , | | | | Date of Disbursement | |
| Marierta GA 30007 Purpose of Disbursement Candidate Name Johnny Isakson Office Sought: | Mailing Address Post Office Box 71955 | | | | | ž 0 0 9 [*] |
| Candidate Name Johnny Isakson Office Sought: | | | | | | |
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| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from some NAME OF COMMITTEE (in Full) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) City Denton TX Tansaction ID: 3(Date of Disbursement Re-elect to Congress Candidate Name Mr. Michael O. Burgess Candidate Name Mr. Michael O. Burgess Candidate Name Sonate President State: TX District: 26 Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010 Mailing Address Senate Suite 100 City Midland Middland Middland Middland Middland Middland Middland Middland Category/ Type Office Sought: House Sonate Sonate President Sonate Sonate President Sonate Sonate President Sonate Sonate President Sonate President Sonate Sonate President Sonate President Sonate Sonate President Sonate President Sonate President Sonate Sonate President Sonate Presi | 24 25 29 29 |
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| Chattanooga TN 37401 Purpose of Disbursement Re-Elect to US Senate Candidate Name Robert P Corker, JR. Office Sought: House President President State: TN District: Full Name (Last, First, Middle Initial) Roskam for Congress Committee Mailing Address 5006 Washington Ave. City Downers Grove IL 60515 Purpose of Disbursement Re-Elect to US Congress Candidate Name Peter Roskam Office Sought: X House Senate Disbursement For: 2012 X Primary General Disbursement this Per Category/ Type Office Sought: X House Senate President State: IL District: 00 Full Name (Last, First, Middle Initial) Majority Initiative to Keep Electing Republicans Fund A.K.A. Mike R Fund Mailing Address PO Box 2485 | SCHEDULE B (FEC Form 3X) | Use separate | | FOR LINE I (check only | |
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| NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Bob Corker for Senate Mailing Address PO Box 848 City State Zip Code Chattanooga TN 37401 Purpose of Disbursement Re-Elect to US Senate Disbursement For: 2012 State: IN District: Full Name (Last, First, Middle Initial) Bob Corker for Senate City Senate To Disbursement Re-Elect to US Senate Other (specify) ▼ Transaction ID: 30640514 Date of Disbursement Into Port Category/ Type Re-Elect to US Senate Candidate Name Re-Elect to US Senate Disbursement For: 2012 X Senate President State: IN District: Full Name (Last, First, Middle Initial) Roskam for Congress Committee Mailing Address 5006 Washington Ave. City Senate President State: IL District: On Disbursement For: 2010 Candidate Name Peter Roskam Office Sought: X House President State: IL District: On Disbursement For: 2010 Annount of Each Disbursement In 1000.00 Re-Elect to US Congress Condidate Name Peter Roskam Office Sought: X House President State: IL District: On Disbursement For: 2010 Alliamy Address PO Box 2485 City State Zip Code Condidate Name President State: IL District: On Congress Committee Other (specify) ▼ Transaction ID: 30640515 Date of Disbursement this Peresident Category/ Type Re-Elect to US Congress Re-Elect to US Congress Re-Elect to US Congress Transaction ID: 30723459 Date of Disbursement For: 2010 Amount of Each Disbursement this Peresident Va Z2152 Amount of Each Disbursement this Peresident Va Z2152 Void - Mike R Fund - Returned Candidate Name President Va Z2152 Void - Mike R Fund - Returned Conter (specify) ▼ Other Category/ Type Other Categor | | Detailed Sumr | nary Page | 27 | 28a 28b 28c 29 |
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| | City Stevensville | | State MD | Zip Code 21666 | | Amount of Each Disbursement this Perio |
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| | Candidate Name Rep. Frank M. Kratovil, J | r. | | | Category/ Type | |
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| | Full Name (Last, First, Middle Welch For Congress | | | | | Transaction ID: 30790895 Date of Disbursement |
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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) for each category of the | | | | - | NE NUMBER: PAGE 142 / 173 only one) | | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | Detailed Sumr | | | | | H | 22 28a | X | 23 28b | | 24 28c | | 25 29 | П | 26 30b |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| UnitedHealth Group Incorporated PAC (Un | nited for He | ealth) | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza | | | | | | | | | isburs | eme | | 962 | | | |
| Mailing Address PO Box 2749 | | | | | | | 1 1 | М | [′] | 5 | / Y | ž | o ŏ s |) ^Y | |
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| Candidate Name Rep. Dennis A. Cardoza | | | Ca | a |)11 egory/ ype | | | | | | | | | | |
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| Full Name (Last, First, Middle Initial) Arcuri For Congress | | | | | | | Date | of D | isburs | eme | 30790 ent | 965 | • | | |
| Mailing Address P.O. Box 8508 | | | | | | | 1 1 | М | [′] □ C | 5 | / Y | ž | 0 0 9 |) ^Y | |
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| Candidate Name Rep. Michael A. Arcuri | | | | | egory/ ype | | | | | | | | | | |
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| State: NY District: 24 | | | | | | | | | | | | | | | |
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| Mailing Address P.O. Box 184 | | | | | | | 1 1 | М | [′] □ C | 5 | / Y | ž | 0 0 9 |) ^Y | |
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| Candidate Name Rep Ron Kind | | | Ca | at | egory/ ype | | | | | | | | | | |
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| Any Information copied from such Reports and State or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC | ame and address of any political committee | |
| Full Name (Last, First, Middle Initial) Friends of Sam Johnson Mailing Address PO Box 860096 | | Transaction ID: 30790970 Date of Disbursement M M / D D D / Y Y Y O O 9 |
| City PLANO Purpose of Disbursement Candidate Name | State Zip Code TX 75086 011 Categor | Amount of Each Disbursement this Period 1000.00 |
| Sam Johnson Office Sought: Senate President State: TX District: 03 | Type rsement For: 2010 X Primary General Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) Tiberi For Congress Mailing Address 2931 E Dublin Granvi Suite 190 | le Road | Transaction ID: 30790977 Date of Disbursement M M M / D D D V Y Y O O 9 |
| Senate President | State Zip Code OH 43231 011 Categor Type rsement For: 2010 X Primary General Other (specify) ▼ | Amount of Each Disbursement this Period 1000.00 |
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| City Ennis Purpose of Disbursement Candidate Name Joe L. Barton | State Zip Code TX 75120 011 Categor Type | Amount of Each Disbursement this Period 1500.00 |
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| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor | ated PAC (Unite | ed for H | lealth) | | | | | | | | | |
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| Office Sought: House Senate President | | Primary | General pecify) | | | | | | | | | |
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| Ryan For Congress | 11) | | | | | | | of Disbu | I D: 308 rsement | 311/04 | | |
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| Office Sought: X House Senate President State: WI District: 01 | | Primary | 2010 General pecify) | | | | | | | | | |
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| SCHEDULE B (FEC Form 3X) | | FOR LINE I | NUMBER: PAGE 146 / 173 |
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| ITEMIZED DISBURSEMENTS | | (check only | |
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| Any Information copied from such Reports and State | nents may not be sold or used by | 27 27 any person fo | |
| or for commercial purposes, other than using the nan | | | |
| NAME OF COMMITTEE (In Full) | | | |
| / UnitedHealth Group Incorporated PAC (U | nited for Health) | | |
| Full Name (Last, First, Middle Initial) Michael Burgess For Congress | | | Transaction ID: 30811752 Date of Disbursement |
| Mailing Address PO Box 2334 | | | 111 |
| City Denton | State Zip Code TX 76202 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | · | 1000.00 |
| Candidate Name Mr. Michael C. Burgess | | 011 Category/ Type | |
| , <u>, , , , , , , , , , , , , , , , , , </u> | ement For: 2010 Primary General Other (specify) | , | |
| State: TX District: 26 | | | |
| Full Name (Last, First, Middle Initial) Senate Majority Fund | | | Transaction ID: 30811763 Date of Disbursement |
| Mailing Address P.O. Box 32025 | | | $ \begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} \begin{bmatrix} D & D & D \\ 1 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $ |
| City Phoenix | State Zip Code AZ 85064 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | Г | 011 | 1000.00 |
| Candidate Name Senate Majority Fund | | Category/ Type | |
| Office Sought: House Disburs Senate President | ement For: Primary General Other (specify) | | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) OrrinPAC | | | Transaction ID: 30811766 Date of Disbursement |
| Mailing Address 175 S West Temple Suite 650 | | | 111 |
| City Salt Lake City | State Zip Code UT 84101 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | Ir | 011 | 1000.00 |
| Candidate Name OrrinPAC | | Category/ Type | |
| Senate President | ement For: Primary General Other (specify) ▼ | | |
| State: District: | | | |
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| Any Information copied from such Reports and State or for commercial purposes, other than using the nan | | | |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U | nited for Health) | | |
| Full Name (Last, First, Middle Initial) ERICPAC | | | Transaction ID: 30811767 Date of Disbursement |
| Mailing Address 25 East Main Street, Su | ite 200 | | |
| City Richmond | State Zip Code VA 23219 |) | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name ERICPAC | | Category/ Type | |
| Senate President | ement For: Primary Ge Other (specify) ▼ | neral | |
| State: District: Full Name (Last, First, Middle Initial) | | | Transaction ID: 30811768 |
| Friends Of Ginny Brown-Waite | | | Date of Disbursement |
| Mailing Address PO Box 865 | | | 111 |
| City Brooksville | State Zip Code FL 34605 | 9 | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name Rep. Virginia Brown-Waite | | Category/ Type | |
| · - | ement For: 2010 Primary Ge Other (specify) | 0 neral | |
| State: FL District: 05 Full Name (Last, First, Middle Initial) | | | - " |
| Richard Burr Committee | | | Transaction ID: 30811771 Date of Disbursement |
| Mailing Address P.O. Box 5928 | | | 111 / 10 / 2009 |
| City Winston-Salem | State Zip Code NC 27113 |) | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name Richard M. Burr | | Category/ Type | |
| Senate > | ement For: 2016 Primary Ge Other (specify) | 0 neral | |
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| | | | 3000 00 |

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| | EMIZED DISBURSEMENTS | Detailed | category of the Summary Page | | È | 21b 27 | | 22 28a | Х | 23 28b | _ | <u></u> : | 24 28c | | 25 29 | |
| | ny Information copied from such Reports and Stater for commercial purposes, other than using the nam | | | | | | | | | | | | | | | 3 |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group Incorporated PAC) | | | | | | | | - IDUI | | | | 1011 0 | <u> </u> | | |
| <u>/_</u> | Full Name (Last, First, Middle Initial) People For Patty Murray | | | | | | | Trans | | | | | - | 774 | | |
| | Mailing Address PO Box 3662 | | | | | | | 1 1 | М | / D | 1 | 0 | / Y | ž | o ŏ s |) Y |
| | City Seattle | State WA | Zip Code 98124 | | | | | Amou | nt o | f Eac | :h[| Disb | urser | nent | this F | Perio |
| | Purpose of Disbursement | | | Γ | 01 | 1 | | | _ | | | | | 50 | 0.00 |) |
| | Candidate Name Sen. Patty Murray | | | С | | jory/ | | | | | | | | | | |
| | | ement For: Primary Other (spe | 2010 General ecify) | | | | | | | | | | | | | |
| | State: WA District: Full Name (Last, First, Middle Initial) | | | | | | | | | | _ | | 044 | 770 | | |
| | Re-Elect Brian Bilbray For Congress | | | | | | | Trans Date | | | sei | men | - | | · V | V |
| | Mailing Address 1307 9th Street | | | | | | | 1"1 | | | 1 | Ŏ | L | 2 | o ŏ s |) |
| | City Imperial Beach | State CA | Zip Code 91932 | | | | | Amou | nt o | f Eac | :h[| Disb | urser | - | | |
| | Purpose of Disbursement | | | Г | 01 | 1 | | <u></u> | _ | - | | - | | 100 | 0.00 |) |
| | Candidate Name Brian P. Bilbray | | | С | ateg Typ | jory/ e | | | | | | | | | | |
| | Senate X President | ement For: Primary Other (spe | 2010 General ecify) | | | | | | | | | | | | | |
| | State: CA District: 49 Full Name (Last, First, Middle Initial) Mcconnell Senate Committee '14 | | | | | | | Trans | | | | | | 777 | | |
| | Mailing Address PO Box 1496 | | | | | | | ^M 1 | | | | | / Y | ž | 0 0 5 |) ^Y |
| | City Louisville | State KY | Zip Code 40201 | | | | | Amou | nt o | f Eac | :h[| Disb | urser | nent | this F | Perio |
| | Purpose of Disbursement | | | Γ | 01 | 1 | | <u>L.</u> | | | | | | 250 | 0.00 |) |
| | Candidate Name Sen. Mitch McConnell | | | С | ateg Typ | jory/ e | | | | | | | | | | |
| | X Senate X President | ement For: Primary Other (spe | 2014 General ecify) | | | | | | | | | | | | | |
| _ | State: KY District: | | | | | | | | | | | | | | | |
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| | EMIZED DISBU | | | Detailed | category of the Summary Page | | À | 21b 27 | 22 28a | | 23 28b | 24 28 | 3c | 25 29 | |
| | y Information copied fror for commercial purposes NAME OF COMMITTE UnitedHealth Group | s, other than usin EE (In Full) | ng the name | and addre | ss of any political | | | | | | | | | | s |
| | Full Name (Last, First, Issa for Congress Mailing Address P. | Middle Initial) O. Box 760 | | | | | | | | | | 308 ement | | 3 2 0 0 9 | 9 ^Y |
| | City Vista | | | State CA | Zip Code 92085-0760 | | | | Amou | unt of | Each | Disbur | | nt this I | |
| | Purpose of Disburseme Candidate Name Darrell Issa | ent | | | | Ca | 011 atego Type | ory/ | | • | • | • | | ,00.00 | |
| | | House Senate President rict: 48 | Disburser X | ment For: Primary Other (spe | 2010 General ecify) ▼ | | | | | | | | | | |
| | Full Name (Last, First, Demint For Senate Mailing Address Po | | С | | | | | | | | burse | 308 ement 0 | | o č | 9 ^Y |
| | City Columbia | | | State SC | Zip Code 29211 | | | | Amou | unt of | Each | Disbur | semer | nt this I | Perio |
| | 9 | Mint House | Disburser | | 2010 | Ca | 011 atego Type | ory/ | L. | | | | 10 | 00.00 | ָס <u>.</u> |
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| | Full Name (Last, First, Friends Of John Th | , | | | | | | | Date | | burse | 308 ement | | | Y |
| | Mailing Address 20 | 00 North Philli | ps Avenue | Ste L10 | 1 | | | | 11 | | 1 | 0 / | 2 | ž o ŏ s | 9 |
| | City Sioux Falls | | | State SD | Zip Code 57104 | | | | Amou | ınt of | Each | Disbur | | - | |
| | Purpose of Disburseme Candidate Name Sen. John R. Thune | | | | | Ca | 011 atego Type | ory/ | | • | • | | IC | 00.00 | J |
| | 000 | House | Disburser | | 2010 | | | | | | | | | | |
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| | y Information copied from such Reports and State or commercial purposes, other than using the na NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U | ne and address of any political committee | |
| | Full Name (Last, First, Middle Initial) The Freedom Project Mailing Address 111 C Street SE | | Transaction ID: 30811785 Date of Disbursement |
| | City Washington Purpose of Disbursement | State Zip Code DC 20003 | Amount of Each Disbursement this Period |
| | Candidate Name The Freedom Project Office Sought: House Disbur | O11 Categor Type | y/ |
| | Senate President State: District: | Primary General Other (specify) ▼ | |
| | Full Name (Last, First, Middle Initial) Brady For Congress Mailing Address P.O. Box 8277 | | Transaction ID: 30811788 Date of Disbursement M M M / D D D / Y Y Y O Y O Y O Y O Y O Y O Y O O O O |
| | City The Woodlands Purpose of Disbursement Candidate Name | State Zip Code TX 77387 | Amount of Each Disbursement this Period 1000.00 |
| | 9 1 | Type ement For: 2010 Primary General Other (specify) Type | |
| | Full Name (Last, First, Middle Initial) Price For Congress | | Transaction ID: 30811790 Date of Disbursement |
| | Mailing Address P.O. Box 425 City Roswell | State Zip Code GA 30077 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Name | 011 Categor | 1000.00 |
| | | Type ement For: 2010 Primary General Other (specify) Type | |
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| City Anchorage AK 99510 Purpose of Disbursement Candidate Name Sen. Lisa Murkowski Office Sought: House X Senate X Primary General President State: AK District: Full Name (Last, First, Middle Initial) Linder For Congress Mailing Address 2821 Greystone Cove South Amount of Each Disbursement this Prince Age and | SCHEDULE B (FEC Form 3X) | Use sepa | arate schedule(s) | | NUMBER: PAGE 151 / 173 |
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| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) United Health Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate Mailing Address PO Box 100847 City State Zip Code ARK 99510 Candidate Name Sen. Lisa Murkowski Office Sought: House President Other (specify) ▼ State: AK District: Full Name (Last, First, Middle Initial) Linder For Congress Mailing Address 2821 Greystone Cove South City State Zip Code Allanta GA 30341 Purpose of Disbursement Candidate Name John Linder Office Sought: House President Other (specify) ▼ State: GA District: 11 Full Name (Last, First, Middle Initial) Linder For Congress Mailing Address 2827 Greystone Cove South City State Zip Code Allanta GA 30341 Purpose of Disbursement Candidate Name John Linder Office Sought: House President Other (specify) ▼ Mailing Address 27 Massachusette Ave N.E. State: GA District: 11 Full Name (Last, First, Middle Initial) Mike Ross for Congress Mailing Address 227 Massachusette Ave N.E. State Zip Code Disbursement Other (specify) ▼ Amount of Each Disbursement Initial Pransaction ID: 30878935 Date of Disbursement Amount of Each Disbursement Initial Pransaction ID: 30878935 Date of Disbursement Amount of Each Disbursement Initial Pransaction ID: 30878935 Date of Disbursement Initial Pransaction ID: 30878935 Date of Disbursement Amount of Each Disbursement Initial Pransaction ID: 30878935 Date of Disbursement Initial Prans | ITEMIZED DISBURSEMENTS | | | 21b | 22 X 23 24 25 |
| NAME OF COMMITTEE (in Full) United Health Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate Mailing Address PO Box 100847 City State Zip Code Anchorage AK 99510 Purpose of Disbursement Candidate Name Sen. Lisa Murkowski Office Sought: House President State: AK District: Full Name (Last, First, Middle Initial) Linder For Congress Mailing Address 2821 Greystone Cove South City State Zip Code Alianta GA 30341 Purpose of Disbursement City State Zip Code Alianta GA 30341 Purpose of Disbursement City State Zip Code Alianta GA 30341 Purpose of Disbursement City State Zip Code Alianta GA 30341 Purpose of Disbursement Candidate Name John Linder Office Sought: X House Senate Disbursement For: 2010 X Primary General Disbursement Office Sought: X House Senate Disbursement For: 2010 X Primary General Disbursement Office Sought: X House Senate Disbursement For: 2010 X Primary General Disbursement Office Sought: X House Senate Ave N.E. Ste 101 Candidate Name Disbursement Office Sought: X House State Zip Code DC 20002 Purpose of Disbursement Office Sought: X House State Zip Code DC 20002 Purpose of Disbursement Office Sought: X House State Zip Code DC 20002 Purpose of Disbursement Office Sought: X House State Zip Code DC 20002 Purpose of Disbursement Office Sought: X House Senate State Zip Code DC 20002 Office Sought: X House Senate State Zip Code DC 20002 Office Sought: X House Senate State Zip Code DC 20002 Office Sought: X House Senate State Zip Code DC 20002 Office Sought: X House Senate State Zip Code DC 20002 Office Sought: X House Senate State Zip Code DC 20002 Office Sought: X House Senate State Zip Code DC 20002 Office Sought: X House Senate State Sta | | | | | |
| Date of Disbursement Mailing Address PO Box 100847 City State Zip Code AK 99510 Purpose of Disbursement Candidate Name Sen. Lisa Murkowski Office Sought: House Name State: AK District: Full Name (Last, First, Middle Initial) Linder For Congress Mailing Address 2821 Greystone Cove South Candidate Name GA 30341 Purpose of Disbursement Candidate Name John Linder Office Sought: X House Senate President State: GA District: 11 Full Name (Last, First, Middle Initial) Linder For Congress Mailing Address 2821 Greystone Cove South City Atlanta GA 30341 Purpose of Disbursement Candidate Name John Linder Office Sought: X House Senate President State: GA District: 11 Full Name (Last, First, Middle Initial) Mike Ross for Congress Mailing Address 227 Massachusette Ave N.E. Ste 101 City Washington DC 20002 Purpose of Disbursement Candidate Name Mailing Address 227 Massachusette Ave N.E. Ste 101 City Washington DC 20002 Purpose of Disbursement Office Sought: X House Senate President State: QG and Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Each Disbursement Por: 2010 X Primary General President Name Amount of Ea | NAME OF COMMITTEE (In Full) | | | | |
| Mailing Address PO Box 100847 State Zip Code Anchorage AK 99510 Amount of Each Disbursement this Procession State: AK District: Pull Name (Last, First, Middle Initial) Linder For Congress Disbursement D11 Candidate Name President Sanate President Presi | | | | | |
| Anchorage | Mailing Address PO Box 100847 | | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $ |
| Candidate Name Sen. Lisa Murkowski Office Sought: | | | | | Amount of Each Disbursement this Period |
| Sen. Lisa Murkowski Office Sought: | | | | | 1000.00 |
| State: AK State: AK District: Full Name (Last, First, Middle Initial) Linder For Congress Mailing Address Z821 Greystone Cove South City Atlanta Purpose of Disbursement Candidate Name John Linder Office Sought: X Primary General Other (specify) ▼ Transaction ID: 30878934 Date of Disbursement In I | Sen. Lisa Murkowski | | | 0, | |
| Full Name (Last, First, Middle Initial) Linder For Congress Mailing Address 2821 Greystone Cove South City State Zip Code Atlanta GA 30341 Purpose of Disbursement Candidate Name John Linder Office Sought: X House Senate President State: GA District: 11 Full Name (Last, First, Middle Initial) Mike Ross for Congress Mailing Address 2821 Greystone Cove South Transaction ID: 30878934 Amount of Each Disbursement this Purpose of Disbursement For: 2010 Category/ Type Transaction ID: 30878935 Date of Disbursement Transaction ID: 30878935 Date o | X Senate President | X Primary | General | | |
| Mailing Address 2821 Greystone Cove South City State Zip Code Atlanta GA 30341 Purpose of Disbursement Candidate Name John Linder Office Sought: X House President State: GA District: 11 Full Name (Last, First, Middle Initial) Mike Ross for Congress Mailing Address 227 Massachusette Ave N.E. Ste 101 City State Zip Code Washington DC 20002 Purpose of Disbursement Candidate Name Michael Avery Ross Office Sought: X House State Zip Code Washington DC 20002 Purpose of Disbursement Candidate Name Michael Avery Ross Office Sought: X House Senate President X Primary General Category/ Type Disbursement For: 2010 Category/ Type Office Sought: X House Senate President Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this President Type Category/ Type Amount of Each Disbursement this President Type Category/ Type Office Sought: X House Senate President Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ | Full Name (Last, First, Middle Initial) | | | | |
| Atlanta GA 30341 Purpose of Disbursement Candidate Name John Linder Office Sought: X House Senate President State: GA District: 11 Full Name (Last, First, Middle Initial) Mike Ross for Congress Mailing Address 227 Massachusette Ave N.E. Ste 101 City Washington Purpose of Disbursement Candidate Name Michael Avery Ross Office Sought: X House Senate President Disbursement For: 2010 Transaction ID: 30878935 Date of Disbursement M 1 1 M / P 9 / Y 2 0 0 9 Amount of Each Disbursement this Purpose of Disbursement O11 Category/ Type Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) ▼ | Mailing Address 2821 Greystone Cove | South | | | |
| Candidate Name John Linder Office Sought: X House Senate President State: GA District: 11 Full Name (Last, First, Middle Initial) Mike Ross for Congress Mailing Address 227 Massachusette Ave N.E. Ste 101 City State Zip Code Washington DC 20002 Purpose of Disbursement Candidate Name Michael Avery Ross Office Sought: X House Senate President X Primary General Other (specify) ▼ Transaction ID: 30878935 Date of Disbursement M M M M M M M M M M M M M M M M M M M | | | | | Amount of Each Disbursement this Perio |
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| Full Name (Last, First, Middle Initial) Mike Ross for Congress Mailing Address 227 Massachusette Ave N.E. Ste 101 City State Washington Purpose of Disbursement Candidate Name Michael Avery Ross Office Sought: X House Senate President Transaction ID: 30878935 Date of Disbursement Amount of Each Disbursement this Pound of Each Disbursement t | Senate | X Primary | General | | |
| Mike Ross for Congress Mailing Address 227 Massachusette Ave N.E. Ste 101 City Washington Purpose of Disbursement Candidate Name Michael Avery Ross Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Type Disbursement For: 2010 Senate President Disbursement For: 2010 Senate Other (specify) Type | | | | | T " ID 00070005 |
| Ste 101 City State Zip Code Washington DC 20002 Purpose of Disbursement Candidate Name Michael Avery Ross Office Sought: X House Senate President Disbursement For: 2010 Senate President State Zip Code Disbursement this Pour Category/ Type Amount of Each Disbursement this Pour Category/ Type Category/ Type Other (specify) ▼ | , | | | | Date of Disbursement |
| Washington DC 20002 Purpose of Disbursement Candidate Name Michael Avery Ross Office Sought: X House Senate Senate President President DC 20002 2000.00 O11 Category/ Type Other (specify) ▼ | Ste 101 | | | | |
| Candidate Name Michael Avery Ross Office Sought: X House Senate President Disbursement For: X Primary General Other (specify) | Washington | | | | |
| Michael Avery Ross Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) ▼ | | | | | 2000.00 |
| Senate X Primary General President Other (specify) ▼ | Michael Avery Ross | | 0010 | | |
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| 1 \ | OF COMMITTEE (In Full) Health Group Incorporated PAC | United for Health) | | |
| Mcher | me (Last, First, Middle Initial) ary For Congress | | | Transaction ID: 30878938 Date of Disbursement 111 19 2009 |
| | Address PO Box 1406 | | | |
| City Hickor | у | State Zip Code NC 28603 | | Amount of Each Disbursement this Period |
| | e of Disbursement | | 011 | 1000.00 |
| Rep. F | ate Name Patrick Timothy McHenry | | Category/ Type | |
| Office S | Senate President | rsement For: 2010 X Primary General Other (specify) | | |
| State: I Full Na | NC District: 10 me (Last, First, Middle Initial) | | | Transaction ID: 30885451 |
| | om Fund | | | Date of Disbursement |
| Mailing | Address 701 8th Street, N.W. Suite 500 | | | 111 D 23 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Washi | ngton | State Zip Code DC 20001 | | Amount of Each Disbursement this Period |
| Purpos | e of Disbursement | | 011 | 1500.00 |
| | ate Name om Fund | | Category/ Type | |
| Office S | Sought: House Disbution Senate President District: | rsement For: Primary General Other (specify) | | |
| | me (Last, First, Middle Initial) asey For Senate Inc | | | Transaction ID: 30932760 Date of Disbursement |
| Mailing | Address 607 14th Street Nw Si | uite 800 | | 1 1 M M M M M M M M M M M M M M M M M M |
| City Washi | ngton | State Zip Code DC 20005 | | Amount of Each Disbursement this Period |
| Purpos | e of Disbursement | | 011 | 1000.00 |
| | ate Name Robert Casey, Jr. | | Category/ Type | |
| Office S | Sought: House Disbut X Senate President | x Primary 2012 X Primary General Other (specify) ▼ | 1 25-2 | |
| State: I | PA District: | | | |
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| SCHEDULE B (FEC Form 3X) | Hoo concrete selectivity | FOR LINE N | NUMBER: PAGE 153 / 173 |
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| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | one) |
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| Any Information copied from such Reports and States | | any person fo | r the purpose of soliciting contributions |
| or for commercial purposes, other than using the name | ne and address of any political co | mmittee to soli | cit contributions from such committee |
| NAME OF COMMITTEE (In Full) | wited for 1114-1 | | |
| / UnitedHealth Group Incorporated PAC (U | nited for Health) | | |
| Full Name (Last, First, Middle Initial) Sue Myrick For Congress | | | Transaction ID: 30935358 Date of Disbursement |
| Mailing Address P.O. Box 37091 | | | 1 2 M / D D / Y Y Y O O 9 |
| City Charlotte | State Zip Code NC 28237 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | 20207 | | 1000.00 |
| | | 011 | |
| Candidate Name Rep. Sue Wilkins Myrick | | Category/ Type | |
| , <u>, , , , , , , , , , , , , , , , , , </u> | ement For: 2010 Primary General Other (specify) | 71 | |
| State: NC District: 09 | (- /) V | | |
| Full Name (Last, First, Middle Initial) Priority PAC | | | Transaction ID: 30935920 Date of Disbursement |
| Mailing Address 2821 Kavanaugh Blvd Suite 3G | | | 12 DDD / YYYOY |
| City Little Rock | State Zip Code AR 72205 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 2500.00 |
| Candidate Name Priority PAC | | Category/ Type | |
| Senate President | ement For: Primary General Other (specify) ▼ | | |
| State: District: | | | |
| Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dak | ota | | Transaction ID: 30935923 Date of Disbursement |
| Mailing Address PO Box 2009 | | | 1 2 D D D Y Y Y O O O |
| City Sioux Falls | State Zip Code SD 57101 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name Herseth M | | Category/ Type | |
| Senate X President | ement For: 2010 Primary General Other (specify) | | |
| State: SD District: 01 | | | |
| SUBTOTAL of Disbursements This Page (optional) | | > | 4500.00 |

TOTAL This Period (last page this line number only)

| SCHEDULE B (FEC FOIII 3X | ' Use separate schedule(s | (check onl | NUMBER: PAGE 154 / 173 |
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| ITEMIZED DISBURSEMENTS | Detailed Summary Page | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 |
| Any Information copied from such Reports and or for commercial purposes, other than using t | | | |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated Page 1 | ·· | | |
| Full Name (Last, First, Middle Initial) Feinstein For Senate Mailing Address 1212 S Victory Blv | d | | Transaction ID: 30935924 Date of Disbursement 12 |
| | | | |
| City Burbank | State Zip Code CA 91502 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name Sen. Dianne Feinstein | | Category/ Type | |
| X Senate President | isbursement For: 2012 X Primary General Other (specify) | | |
| State: CA District: Full Name (Last, First, Middle Initial) | | | |
| Georgians for Isakson | | | Transaction ID: 30939623 Date of Disbursement |
| Mailing Address Post Office Box 7 | 955 | | 12 04 7 2009 |
| City Marierta | State Zip Code GA 30007 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name Johnny Isakson | | Category/ Type | |
| Office Sought: House X Senate President State: GA District: | isbursement For: 2010 X Primary General Other (specify) | | |
| Full Name (Last, First, Middle Initial) TENNPAC | | | Transaction ID: 30939644 Date of Disbursement |
| Mailing Address 228 South Washir Suite 115 | gton Street | | 12 |
| City Alexandria | State Zip Code VA 22314 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | | 011 | 1500.00 |
| Candidate Name TENNPAC | | Category/ Type | |
| Senate President | isbursement For: Primary General Other (specify) ▼ | | |
| State: District: | | | |
| | otional) | | 3500.00 |

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| | | | | | | for the purpose of soliciting contributions olicit contributions from such committee |
| \rangle | NAME OF COMMITTEE (I UnitedHealth Group Inc | n Full) | | | | |
| | Full Name (Last, First, Midd Forward Together PAC | | | | | Transaction ID: 30940119 Date of Disbursement |
| | Mailing Address 10 G Suite | Street, NE 570 | | | | 1 2 D 0 4 Y 2 0 0 9 |
| | City Washington | 0.0 | State DC | Zip Code 20002 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | | | 011 | 1000.00 |
| | Candidate Name Forward Together PAC | | | | Category/ Type | |
| | | ate sident | Disbursement For: Primary Other (sp | General ecify) ▼ | | |
| | State: District: Full Name (Last, First, Midd Hagan For Us Senate I | dle Initial) | | | | Transaction ID: 30945009 Date of Disbursement |
| | Mailing Address PO B | ox 29103 | | | | 1 2 M / D B / Y Y Y O O 9 Y |
| | City Greensboro | | State NC | Zip Code 27429 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | | | 011 | 1000.00 |
| | Candidate Name Kay Hagan | | | | Category/ Type | |
| | Office Sought: Hou X Sense Present State: NC District: | ate sident | Oisbursement For: X Primary Other (specific prices) | 2014 General ecify) | | |
| | Full Name (Last, First, Midd Senate Majority Fund | dle Initial) | | | | Transaction ID: 31002918 Date of Disbursement |
| | Mailing Address P.O. | Box 32025 | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City Phoenix | | State AZ | Zip Code 85064 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | | | 011 | 2000.00 |
| | Candidate Name Senate Majority Fund | | | | Category/ Type | |
| | Office Sought: Hou | I | Disbursement For: Primary | General | | |
| | Sena Pres | sident | Other (sp | ecify) 🔻 | | |

| SCHEDULE B (FEC FOIIII 3X) | Use separate schedule(s) | FOR LINE (check onli | NUMBER: PAGE 156 / 173 |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 24 25 28 28a 28b 28c 29 |
| Any Information copied from such Reports and State or for commercial purposes, other than using the na | | | |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U | Inited for Health) | | |
| Full Name (Last, First, Middle Initial) The Grassley Committee, Inc. | | | Transaction ID: 31002932 Date of Disbursement |
| Mailing Address P.O. Box 6193 | | | 12 14 2009 |
| City Alexandria | State Zip Code VA 22306-0193 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Candidate Name | | 011 | 1000.00 |
| Charles E. Grassley | | Category/ Type | |
| X Senate President | sement For: 2010 Primary X General Other (specify) | | |
| State: IA District: Full Name (Last, First, Middle Initial) | | | Toron a saling ID 04000000 |
| Bennett Election Committee Inc | | | Transaction ID: 31002939 Date of Disbursement |
| Mailing Address 175 South West Templ | e Suite 650 | | 12 M 14 Y 2009 |
| City Salt Lake City | State Zip Code UT 84101 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 3000.00 |
| Candidate Name Sen. Robert F. Bennett | | Category/ Type | |
| ÿ | sement For: 2010 K Primary General Other (specify) | | |
| State: UT District: Full Name (Last, First, Middle Initial) | | | |
| Rogers For Congress | | | Transaction ID: 31002940 Date of Disbursement |
| Mailing Address PO Box 581 Post Office Box 581 | | | 12 14 7 2009 |
| City Brighton | State Zip Code MI 48116 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name Rep. Michael J. Rogers | | Category/ Type | |
| Senate President | sement For: 2010 ✓ Primary General Other (specify) ▼ | | |
| State: MI District: 08 | | | |
| SUBTOTAL of Disbursements This Page (optiona | | | 5000.00 |

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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 |
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| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (I | Inited for Health) | | |
| Full Name (Last, First, Middle Initial) Citizens For Altmire | | | Transaction ID: 31002941 Date of Disbursement |
| Mailing Address P.O. Box 1776 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 12 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 14 \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ |
| City Freedom | State Zip Code PA 15042 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name Mr. Jason Altmire | | Category/ Type | |
| Senate President | sement For: 2010 X Primary General Other (specify) | | |
| State: PA District: 04 Full Name (Last, First, Middle Initial) | | | Turner attent ID 04040407 |
| Childers For Congress | | | Transaction ID: 31043467 Date of Disbursement |
| Mailing Address PO Box 177 | | | 12 15 7 2009 |
| City Booneville | State Zip Code MS 38829 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement | [| 011 | 500.00 |
| Candidate Name Rep. Travis Wayne Childers | | Category/ Type | |
| 9 1 | sement For: 2010 X Primary General Other (specify) | | |
| State: MS District: 01 Full Name (Last, First, Middle Initial) | | | Transaction ID: 31043481 |
| Richard Burr Committee | | | Date of Disbursement |
| Mailing Address P.O. Box 5928 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$ |
| City Winston-Salem | State Zip Code NC 27113 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 011 | 1000.00 |
| Candidate Name Richard M. Burr | - | Category/ Type | |
| Senate President | sement For: 2010 X Primary General Other (specify) | 20.2 | |
| State: NC District: 05 | | | |
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| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group Incorporated PAC) | | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) Bennet For Colorado | | | | Transaction ID: 31043538 Date of Disbursement |
| | Mailing Address 2300 15th Street Suite | 425 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$ |
| | City Denver | State CO | Zip Code 80202 | | Amount of Each Disbursement this Period |
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| | Candidate Name Mr. Michael Bennet | | 0010 | Category/ Type | |
| | X Senate President | sement For: X Primary Other (spe | 2010 General ecify) | | |
| | State: CO District: Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc | | | | Transaction ID: 31043544 |
| | Mailing Address PO Box 433 | | | | Date of Disbursement M M M / D 1 5 / Y Y O 9 9 |
| | City Great Bend | State KS | Zip Code 67530 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | | 011 | 1000.00 |
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| | Candidate Name Sen. Pat Roberts | | | Type | |
| | Sen. Pat Roberts Office Sought: House X Senate President Disbur X Senate President President | sement For: X Primary Other (spe | 2014 General ecify) | | |
| | Sen. Pat Roberts Office Sought: House X Senate Disbur | X Primary | General | | Transaction ID: 31043550 Date of Disbursement |
| | Sen. Pat Roberts Office Sought: House X Senate President State: KS District: Full Name (Last, First, Middle Initial) | X Primary | General | | |
| | Sen. Pat Roberts Office Sought: House X Senate President State: KS District: Full Name (Last, First, Middle Initial) Coburn For Senate 2010 | X Primary | General | | Date of Disbursement M 2 M / D 1 5 / Y 2 0 0 9 Y Amount of Each Disbursement this Period |
| | Sen. Pat Roberts Office Sought: X Senate President State: KS District: Full Name (Last, First, Middle Initial) Coburn For Senate 2010 Mailing Address Post Office Box 977 City Muskogee Purpose of Disbursement | X Primary Other (spe | General ecify) ▼ Zip Code | Type 011 | Date of Disbursement |
| | Sen. Pat Roberts Office Sought: X Senate President State: KS District: Full Name (Last, First, Middle Initial) Coburn For Senate 2010 Mailing Address Post Office Box 977 City Muskogee Purpose of Disbursement Candidate Name Sen. Thomas Allen Coburn, M.D. | X Primary Other (spe | General ecify) ▼ Zip Code 74402 | Туре | Date of Disbursement M 2 M / D 1 5 / Y 2 0 0 9 Y Amount of Each Disbursement this Period |
| | Sen. Pat Roberts Office Sought: X Senate President State: KS District: Full Name (Last, First, Middle Initial) Coburn For Senate 2010 Mailing Address Post Office Box 977 City Muskogee Purpose of Disbursement Candidate Name Sen. Thomas Allen Coburn, M.D. Office Sought: House Disbur | X Primary Other (spe | General ecify) Zip Code 74402 2010 General | Type 011 Category/ | Date of Disbursement M 2 M / D 1 5 / Y 2 0 0 9 Y Amount of Each Disbursement this Period |

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| ny Information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U | me and address of any politica | | |
| Full Name (Last, First, Middle Initial) SKI PAC Mailing Address P.O. Box 83142 | | | Transaction ID: 31043551 Date of Disbursement M M M / D D D / Y Y Y O Y 9 1 2 0 0 9 |
| City Gaithersburg | State Zip Code MD 20883 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Candidate Name SKI PAC | | 011 Category/ Type | 2000.00 |
| Office Sought: House Senate President State: District: | sement For: Primary General Other (specify) ▼ | | |
| Full Name (Last, First, Middle Initial) Making Business Excel Political Action C Mailing Address PO Box 3241 | ommittee | | Transaction ID: 31053906 Date of Disbursement 1 2 |
| City Cheyenne | State Zip Code WY 82001 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Candidate Name Making Business Excel Political Action C Office Sought: House Disbur | committee sement For: | 011 Category/ Type | 2500.00 |
| Senate President State: District: | Primary General Other (specify) ▼ | | |
| Full Name (Last, First, Middle Initial) Mike Mcmahon For Congress | | | Transaction ID: 31053963 Date of Disbursement |
| Mailing Address 66 Arnold Street | | | 12 16 2009 |
| City Staten Island | State Zip Code NY 10301 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Candidate Name Mr. Michael McMahon | | 011 Category/ Type | 1000.00 |
| Will Wild Had Wild Wall Had | 2010 | · " | |
| Office Sought: X House Disbur | sement For: 2010 X Primary General Other (specify) | | |

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| \ | MITTEE (In Full) Group Incorporated | PAC (United for H | lealth) | | | | | | | |
| Full Name (Last, Hagan For Us Mailing Address | | | | | | ion ID: 31 isbursement | t | o ŏ s | Y | |
| City Greensboro | PO Box 29103 | State NC | Zip Code 27429 | | | f Each Disb | ursemen | this I | Period | |
| Purpose of Disb Candidate Name Kay Hagan | | | | 011 Category/ Type | | | 10 | 00.00 | | _ |
| Office Sought: | House X Senate President District: | Disbursement For: X Primary Other (sp | 2014 General ecify) | | | | | | | |
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| City Seattle | | State WA | Zip Code 98124 | | Amount o | f Each Disb | | t this f | | |
| Candidate Name Sen. Patty Mu | | | | 011 Category/ Type | | | 100 | 30.00 | | _ |
| Office Sought: | House X Senate President | Disbursement For: Primary Other (sp | 2010 X General ecify) ▼ | | | | | | | |

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State: WA

District:

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| NAME OF COMMITTEE (In Full) Valided Health Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Committee to Elect Niehaus Mailing Address 1131 Little Indian Creek Road City State Zip Code OH 45157-9602 Purpose of Disbursement Tom Niehaus, STATE SENATE 14th OH Candidate Name OH Senator Bill Harris, STATE SENATE 19th OH Candidate Name Senator Bill Harris, STATE SENATE 19th OH Candidate Name Senator Bill Harris, STATE SENATE 19th OH Candidate Name Senator Bill Harris, STATE SENATE 19th OH Candidate Name Senator Bill Harris, STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris STATE SENATE 19th OH Sen. Keith Faber STATE SENATE 12th OH Candidate Name OH 45822 Purpose of Disbursement Senator Bill Harris STATE SENATE 19th OH Sen. Keith Faber | | Detailed Summary Page | 21b 22 23 24 25 27 28a 28b 28c X 29 |
| Mailing Address 1131 Little Indian Creek Road City New Richmond OH 45157-9602 Purpose of Disbursement Tom Niehaus, STATE SENATE 14th OH Candidate Name OH Sen. Tom Niehaus Office Sought: Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris Mailing Address 1238 TWP Road 1506 City Ashland OH 44805 City Ashland OH 44805 City Ashland OH 44805 OH 62 City Ashland OH 62 City Ashland OH 63 City Ashland OH 64 City Ashland OH 64 City Ashland OH 64 City Ashland OH 64 City Ashland OH 65 City Cellina OH 65 City Type Office Sought: OH 65 City Cellina OH 65 City Type Office Sought: OH 65 City Type Office Sought: OH 65 City Cellina OH 65 City Type Office Sought: OH 65 City Type OH 65 City | or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) | me and address of any political committe | |
| Committee to Elect Niehaus Mailing Address 1131 Little Indian Creek Road City State Zip Code OH 45157-9602 Purpose of Disbursement Tom Niehaus, STATE SENATE 14th OH Candidate Name OH Sen. Tom Niehaus Office Sought: House President State: OH District: Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris Mailing Address 1238 TWP Road 1506 City Senate OH OH 44805 Purpose of Disbursement Bill Harris, STATE SENATE 19th OH Candidate Name OH 44805 OH 44805 OH 44805 OH 45157-9602 Amount of Each Disbursement this Peric 2010 Tom Niehaus, STATE SENATE SENATE 14th OH Transaction ID: 30182992 Date of Disbursement Bill Harris STATE SENATE 19th OH Candidate Name Senator Bill Harris Office Sought: House Disbursement For: 2010 Senator Bill Harris Office Sought: House President Other (specify) ▼ Disbursement For: 2010 X Primary General Primary Gener | , | , | |
| City New Richmond | • | | Date of Disbursement |
| New Richmond OH 45157-9602 Purpose of Disbursement Tom Niehaus, STATE SENATE 14th OH Candidate Name OH Sen. Tom Niehaus Office Sought: House | Mailing Address 1131 Little Indian Cree | < Road | 07 08 2009 |
| Tom Niehaus, STATE SENATE 14th OH Candidate Name OH Sen. Tom Niehaus Office Sought: House | New Richmond | | Amount of Each Disbursement this Perio |
| OH Sen. Tom Niehaus Office Sought: House | Tom Niehaus, STATE SENATE 14th OH | | |
| X Senate President State: OH District: Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris Disbursement Each OH Adaptate of Disbursement Disburs | OH Sen. Tom Niehaus | Туре | 9 |
| Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris Mailing Address 1238 TWP Road 1506 City State Zip Code Ashland OH 44805 Purpose of Disbursement Bill Harris, STATE SENATE 19th OH Candidate Name Senate President Priesident State: OH District: Full Name (Last, First, Middle Initial) Friends of Faber City State Zip Code OH 44805 Amount of Each Disbursement this Peric Category/ Type Bill Harris, STATE SENATE SENATE 19th OH Candidate Name OH State: OH District: Full Name (Last, First, Middle Initial) Friends of Faber Mailing Address 7706 St. Rt 703 City State Zip Code OH 45822 Purpose of Disbursement Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber OH Sen. Keith Faber Disbursement For: 2010 State Zip Code OH 45822 City Category/ Type OH Sen. Keith Faber OH Sen. Keith Faber Disbursement For: 2010 Category/ Type Amount of Each Disbursement this Peric 2000.00 Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber OH Sen. Keith Faber Disbursement For: 2010 X Primary General X Primary General X Primary General City Category/ Type Office Sought: House Senate Name OH Seneral X Primary General X Primary General X Primary General Category/ Type Keith Faber, STATE SENATE 12th OH Category/ Type Characteria Tite Name Characte | X Senate President | X Primary General | Tom Niehaus, STATE SENATE 14th OH |
| Mailing Address 1238 TWP Road 1506 City State Zip Code Ashland OH 44805 Purpose of Disbursement Bill Harris, STATE SENATE 19th OH Candidate Name Senator Bill Harris Office Sought: House State: OH District: Full Name (Last, First, Middle Initial) Friends of Faber Mailing Address 7706 St. Rt 703 City State Zip Code OH 45822 Purpose of Disbursement For: 2010 State Zip Code OH 45822 Purpose of Disbursement For: 2010 Other (specify) ▼ Transaction ID: 30182994 Date of Disbursement Mailing Address 7706 St. Rt 703 City State Zip Code OH 45822 Purpose of Disbursement Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber Office Sought: House Senate Other (specify) ▼ Disbursement For: 2010 State Zip Code OH 45822 Purpose of Disbursement For: 2010 State Senate OH Sen. Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber Office Sought: House Senate Other (specify) ▼ Other (specify) ▼ Keith Faber, STATE SENATE 12th OH Category/ Type Keith Faber, STATE SENATE 12th OH Category/ Type Office Sought: House Senate Other (specify) ▼ Other (specify) ▼ Category/ Type Category/ Type | Full Name (Last, First, Middle Initial) | | |
| Ashland OH 44805 Purpose of Disbursement Bill Harris, STATE SENATE 19th OH Candidate Name Senator Bill Harris Office Sought: Name (Last, First, Middle Initial) Friends of Faber Mailing Address 7706 St. Rt 703 City | | | |
| Purpose of Disbursement Bill Harris, STATE SENATE 19th OH Candidate Name Senator Bill Harris Office Sought: House President State: OH District: Full Name (Last, First, Middle Initial) Friends of Faber Mailing Address 7706 St. Rt 703 City Celina OH State OH State OH OH Sta | • | | Amount of Each Disbursement this Period |
| Senator Bill Harris Office Sought: House X Senate President State: OH District: Full Name (Last, First, Middle Initial) Friends of Faber Mailing Address 7706 St. Rt 703 City Celina OH 45822 Purpose of Disbursement Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber Office Sought: House X Senate President Disbursement For: 2010 Amount of Each Disbursement this Period Category/Type Office Sought: House X Senate President Disbursement For: 2010 Keith Faber, STATE SENATE SENATE 12th OH Keith Faber, STATE SENATE SENATE 12th OH Office Sought: House X Senate President Disbursement For: 2010 Keith Faber, STATE SENATE 12th OH Other (specify) ▼ | | | |
| State: OH District: Full Name (Last, First, Middle Initial) Friends of Faber Mailing Address 7706 St. Rt 703 City Celina OH 45822 Purpose of Disbursement Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber Office Sought: House X Senate President President President President President | | ľ | • |
| Full Name (Last, First, Middle Initial) Friends of Faber Mailing Address 7706 St. Rt 703 City State Zip Code Celina OH 45822 Purpose of Disbursement Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber Office Sought: House X Senate President Disbursement For: 2010 X Primary General Other (specify) Type Transaction ID: 30182994 Date of Disbursement Amount of Each Disbursement this Period 2000.00 Keith Faber, STATE SENATE SENATE 12th OH Keith Faber, STATE SENATE 12th OH | χ Senate President | X Primary General | Bill Harris, STATE SENATE 19th OH |
| City State Zip Code Celina OH 45822 Purpose of Disbursement Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber Office Sought: House X Senate President Disbursement For: 2010 X Primary General Other (specify) Other (specify) Other (specify) | Full Name (Last, First, Middle Initial) | | |
| Celina OH 45822 Purpose of Disbursement Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber Office Sought: House X Senate President Disbursement For: X Primary General Other (specify) W Keith Faber, STATE SENATE 12th OH Keith Faber, STATE SENATE 12th OH | Mailing Address 7706 St. Rt 703 | | 07 |
| Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber Office Sought: House X Senate President Disbursement For: X Primary General Other (specify) Type Keith Faber, STATE SENATE 12th OH Keith Faber, STATE SENATE | | | |
| OH Sen. Keith Faber Office Sought: House | Keith Faber, STATE SENATE 12th OH | 011 | |
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| ITEMIZED DISBURSEMENTS | Detailed Summary Page 21b | 22 23 24 25 28a 28b 28c X 29 |
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| NAME OF COMMITTEE (In Full) | | |
| / UnitedHealth Group Incorporated PAC (| Jnited for Health) | |
| Full Name (Last, First, Middle Initial) Citizens for Buehrer | | Transaction ID: 30182995 Date of Disbursement |
| Mailing Address 704 Greenview Drive | | $\begin{array}{c c} \hline \\ 0 \\ 7 \\ \hline \end{array} \begin{array}{c c} \hline \\ 0 \\ 8 \\ \hline \end{array} \begin{array}{c c} \hline \\ 2 \\ 0 \\ 9 \\ \hline \end{array} \begin{array}{c c} \hline \\ 2 \\ 0 \\ 0 \\ 9 \\ \hline \end{array}$ |
| City Delta | State Zip Code OH 43515 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Steve Buehrer, STATE SENATE 1st OH | 011 | 1000.00 |
| Candidate Name OH Sen. Steve Buehrer | Category/ Type | |
| X Senate President | xsement For: 2010 X Primary General Other (specify) | Steve Buehrer, STATE SENA- TE 1st OH |
| State: OH District: Full Name (Last, First, Middle Initial) | | |
| Citizens for Wagoner | | Transaction ID: 30182996 Date of Disbursement |
| Mailing Address 7445 Airport Highway | | 07 08 7 2009 |
| City Holland | State Zip Code OH 43528 | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Mark Wagoner, STATE SENATE 2nd OH | 011 | 2000.00 |
| Candidate Name OH Sen. Mark Wagoner, Jr. | Category/ Type | |
| X Senate President | xsement For: 2010 X Primary General Other (specify) ▼ | Mark Wagoner, STATE SENATE 2nd OH |
| State: OH District: Full Name (Last, First, Middle Initial) | | Transaction ID: 30264421 |
| Citizens for Kevin Bacon | | Date of Disbursement |
| Mailing Address 5325 Ponderosa Drive | | 077 17 7 2009 |
| City Columbus | State Zip Code OH 43231 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Kevin Bacon, STATE SENATE 3rd OH | 011 | 250.00 |
| Candidate Name OH Rep. Kevin Bacon | Category/ Type | |
| X Senate President | xsement For: 2010 X Primary General Other (specify) ▼ | Kevin Bacon, STATE SENATE 3rd OH |
| State: OH District: | | |
| | J) | 3250.00 |

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| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 21l 27 | 22 28a | | 23 28b | 24 28 | c X | 25 29 | 20 |
| | y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U | e and address of any political of | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) UnitedHealth Group Inc Political Action Cowa Mailing Address 9900 Bren Road East | ommittee of lo- | | | Date | | on ID: sburser | ment | | 009 | Y |
| | City Minnetonka Purpose of Disbursement Funding of State PAC Account | State Zip Code MN 55343 | C |)11 | Amo | unt of | Each (| Disbur | | t this F | - |
| | Candidate Name Office Sought: House Senate President State: District: | ement For: Primary General Other (specify) | | egory/ ype | Fund | ding o | f Stat | e PA(| C Acc | 0- | |
| | Full Name (Last, First, Middle Initial) Paula Brooks Committee Mailing Address PO Box 1446 | | | | Date | of Dis | on ID: sburser | ment | | , 0 0 9 | Y |
| | City Columbus Purpose of Disbursement Paula Brooks, County Commissioner OH Candidate Name Paula Brooks | State Zip Code OH 43216 | Cat |)11 egory/ | Amo | unt of | Each (| Disbur | | t this F | |
| | Office Sought: House Disburs | ement For: 2010 Primary X General Other (specify) | | <u> </u> | Paul issio | a Bro ner C | oks, ()H | Count | y Cor | nm- | |
| | Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney Mailing Address 357 E Torrence Road | | | | | of Dis | on ID: burser | ment |)3287 Y Ž | 009 | Y |
| | City Columbus | State Zip Code OH 43214 | | | Amo | unt of | Each (| Disbur | | t this F | |
| | Purpose of Disbursement John Carney, STATE HOUSE 22nd OH Candidate Name OH Rep. John Carney | | Cat |)11 egory/ ype |] [| | | | | 00.00 | |
| | ů X | ement For: 2010 Primary General Other (specify) | | | Johr 22nd | ı Carr I OH | iey, S | TATE | HOU | JSE | |
| Г | ciac. GTT District. 22 | | | | | | | | | 00.00 | |

| Detailed Summary Page 21b | SCHEDULE B (FEC FORM 3 | Use separate scried | uie(s) I (albaal, alal | NUMBER: PAGE 164 / 173 y one) |
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| NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) UnitedHealth Group Inc. PAC of Georgia Mailing Address 9900 Bren Road East City President President State: District: Full Name (Last, First, Middle Initial) UnitedHealth Group Inc. PAC of Georgia Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) United for Health PAC of Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ State Political Party Other (specify) ▼ | I EIVIIZED DIƏDURƏLINEN I | | age 21b | |
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| Transaction ID: 30636877 Date of Disbursement State Political Party Candidate Name Clip Transaction ID: 30636947 District: Full Name (Last, First, Middle Initial) Mentile for Council Committee Mailing Address 3886 N High St Clip Clip State President Clip State President Clip State President Clip State Disbursement State Disbursement State Disbursement State Disbursement State Columbus OH 43214 Purpose of Disbursement Mike Mentel, City Council OH Cardidate Name Mike Mentel Office Sought: House OH 43214 Purpose of Disbursement State: Clip State: Clip State: District: Full Name (Last, First, Middle Initial) Mentel for Council Committee OH 43214 Purpose of Disbursement State Clip Category Type State OH 43214 Purpose of Disbursement State Clip Columbus OH 43214 Purpose of Disbursement State Other (specify) Full Name (Last, First, Middle Initial) Mentel for Council Committee Mailing Address Saba N High St Clip Columbus OH 43214 Purpose of Disbursement State: Other (specify) Full Name (Last, First, Middle Initial) Mike Mentel Office Sought: Full Name (Last, First, Middle Initial) Mike Mentel Office Sought: Full Name (Last, First, Middle Initial) Maling Address Saba Bellamy Place Clip Columbus OH 43214 President Other (specify) Type Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Perical Columbus OH 43213 Purpose of Disbursement In O Office Sought: House Senate President Disbursement For: 2010 Amount of Each Disbursement this Perical Columbus Amount of Each Disbursement In O Office Sought: No Office Sought: No Office Sought: No Office Sought: House OH 43213 Purpose of Disbursement In Office Sought: No | SCHEDULE B (FEC FOIII 3X) | Use separate schedule(s |) FOR LINE (check only | NUMBER: PAGE 165 / 173 |
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| NAME OF COMMITTEE (In Full) Varied Health Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Republican Senate Victory Committee Mailing Address PO Box 11494 City State Zip Code AZ 85284 Purpose of Disbursement State Political Party Candidate Name Mailing Address 3886 N High St City State Zip Code Columbus OH 43214 Purpose of Disbursement Mailing Address 3886 N High St City State Zip Code Columbus OH 43214 Purpose of Disbursement State Political Party Columbus OH 43214 Purpose of Disbursement State Disbursement State Disbursement Mailing Address 3886 N High St City State Zip Code OH 43214 Purpose of Disbursement Mike Mentel City Council OH Candidate Name Mike Mentel City Council OH Category' Type City State Zip Code Columbus OH 43213 Purpose of Disbursement Mailing Address 668 Bellamy Place City State Zip Code Columbus OH 43213 Purpose of Disbursement Mailing Address 668 Bellamy Place City State Zip Code Columbus OH 43213 Purpose of Disbursement Mailing Address 668 Bellamy Place City State Zip Code Columbus OH 43213 Purpose of Disbursement Mailing Address 668 Bellamy Place City Council OH Category' Type City Council OH Category' Typ | TEMIZED DISBURSEMENTS | | 21b 27 | 22 23 24 25 28a 28b 28c X 29 |
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| City | Republican Senate Victory Committee | | | Date of Disbursement |
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| | State. DISTICT. | | | 6000.00 |

| _ | | O (FEC FOIII) | , 0 | | arate schedule(s) | | | eck onl | NUMBE v one) | n. | | | IGE | 166 / | 1/3 |
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| | | SBURSEMEN | | etailed | category of the Summary Page | | À | 21b 27 | 22 28a | 23 28 | b | 24 28c | Х | 25 29 | |
| r fo | or commercial pur | ed from such Reports poses, other than usin MITTEE (In Full) Group Incorporated | ng the name an | d addre | ss of any political | | | | | | | | | | |
| | Full Name (Last, Paula Brooks (| First, Middle Initial) Committee | | | | | | | Date | action of Disbu | urseme | | | Y | Y |
| | Mailing Address | PO Box 1446 | | | | | | | 1 0 | | 07 | | 2 | 0 ŏ 9 | |
| | City Columbus | | Stat OH | | Zip Code 43216 | | | | Amou | nt of Ea | ach Dis | burse | | | |
| | Purpose of Disbu Paula Brooks, Co Candidate Name Paula Brooks | rsement unty Commissioner C | DН | | | Ca | 011 atego | ory/ | | • | • | | 100 | 0.00 | |
| , | Office Sought: State: | House Senate President District: | Disbursemer X Pri | mary | 2010 General | | Туре | • | Paula ission | Brook er Oh | ks, Co H | unty | Com | m- | |
| | Full Name (Last, A. Troy Miller f Mailing Address | | Diago Niewile | | | | | | Date | action of Disbu | | | | 0 ŏ 9 | Y |
| | City | 1029 Northfield | Stat | | Zip Code | | | | | nt of Ea | ^ | buros | | | |
| | Reynoldsburg | | OH | | 43068 | | | | AIIIOU | TIL OI L | acii Dis | buise | | 0.00 | |
| | Purpose of Disbu A. Miller, City Cou Candidate Name A. Troy Miller | | | | | Ca | 011 atego Type | ory/ | | | • | | 100 | 0.00 | |
| | Office Sought: State: | House Senate President District: | Disbursemer X Pri Otl | mary | 2010 General | | | | A. Mil OH | ler, Ci | ty Cou | uncil | | | |
| | , | First, Middle Initial) cinnati Committee |) | | | | | | | action of Disbu | urseme | | | Y | Y |
| | Mailing Address | 5001 Shatuc Av | /e. | | | | | | 1 0 | | 07 | L | 2 | o ŏ 9 | |
| | City Cincinnati | | Stat OH | | Zip Code 45208 | | | | Amou | nt of Ea | ach Dis | burse | | | _ |
| | Candidate Name Category | | | | | | 011 | | L. | | | | 50 | 0.00 | |
| | Jeff Berding Office Sought: | House | Disbursemer | nt For: | 2010 | | Туре | - | | | | _ | | | |
| | zoo oodgiiti | Senate President | X Pri | mary | General ecify) | | | | Jeff B OH | erding | i, City | Cour | ncil | | |
| | State: | District: | 1 | | | | | | | | | | | | |

| Transaction ID: 30636975 Date of Disbursement Category/ Type Office Sought: House Senate President State President State President State Senate President State State: District: Full Name (Last, First, Middle Initial) Citizens for Priscilla Tyson Mailing Address 1465 E Broad St City State President Senate President State: Disbursement City State President State: District: Full Name (Last, First, Middle Initial) Citizens for Tavares Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) City State President State: District: Full Name (Last, First, Middle Initial) City State Senate President State: District: Full Name (Last, First, Middle Initial) City State Senate President State: District: Full Name (Last, First, Middle Initial) City State Senate President Senate President State: District: Full Name (Last, First, Middle Initial) City State Senate President Senate President State: District: Full Name (Last, First, Middle Initial) City State Senate President S | SCHEDULE B (FEC FOIIII 3X) | Use separate schedule(s |) FOR LINE (check onl | NUMBER: PAGE 167 / 173 |
|---|--|--------------------------------|-----------------------|--|
| United Health Group Incorporated PAC (United for Health) Full Name (Last, First, Middle Initial) Citizens for Tavares Mailing Address 1257 Medford Road City State Zip Code Columbus OH 43209 Purpose of Disbursement OH 43209 Columbus OH 43209 Columbus OH 43209 Columbus OH 43209 Columbus OH 43209 Condidate Name Charleta Tavares (City Council OH Candidate Name Priscilla Tyson (City Council OH Candidate Name Charleta Tavares (City Council OH Candidate Name Priscilla Tyson (City Council OH Candidate Name Clast, First, Middle Initial) Friends of John O'Grady Mailing Address PO Box 1355 City State Zip Code OH 43216 Purpose of Disbursement Priscilla Tyson, City Council OH Candidate Name President Other (specify) ▼ City State: District Other (specify) ▼ City Columbus OH 43216 Purpose of Disbursement OH Candidate Name O | | Detailed Summary Page | 21b 27 | 22 23 24 25 28a 28b 28c X 29 |
| Citizens for Tavares Mailing Address 1257 Medford Road City State Zip Code Columbus OH 43209 Purpose of Disbursement Other (specify) ▼ City Senate President State: District: Full Name (Last, First, Middle Initial) Friends of John O'Grady Mailing Address PO Box 1355 City State Zip Code OH 43205 Disbursement For: 2010 Category/ Type Charleta Tavares, City Council OH Candidate Name President State: District: Full Name (Last, First, Middle Initial) Citizens of Disbursement For: 2010 State Zip Code Colombus OH 43205 Purpose of Disbursement Priscilla Tyson Office Sought: House Senate President Other (specify) ▼ State Zip Code Colombus OH 43205 Purpose of Disbursement For: 2010 Category/ Type Transaction ID: 30636978 Date of Disbursement this Percent of Disbursement For: 2010 Category/ Type Transaction ID: 30636978 Date of Disbursement For: 2010 Priscilla Tyson, City Council OH Candidate Name President Other (specify) ▼ Transaction ID: 30636985 Date of Disbursement For: 2010 Amount of Each Disbursement For: 2010 Priscilla Tyson, City Council OH Candidate Name President Other (specify) ▼ City Council OH 3216 City Co | r for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) | me and address of any politica | | |
| City State Zip Code Columbus OH 43209 Purpose of Disbursement Charleta Tavares, City Council OH Candidate Name President Disbursement For: 2010 Equipment District: Full Name (Last, First, Middle Initial) Citizens for Priscilla Tyson Clity Colombus OH 43205 Purpose of Disbursement For: 2010 It also president Disbursement For: 2010 It also president District: Full Name (Last, First, Middle Initial) Citizens for Priscilla Tyson Mailing Address 1465 E Broad St City State Zip Code OH 43205 Purpose of Disbursement Priscilla Tyson, City Council OH Candidate Name Priscilla Tyson Office Sought: House Senate President District: Full Name (Last, First, Middle Initial) Citizens for Priscilla Tyson, City Council OH Candidate Name Priscilla Tyson, City Council OH State: District: District: Other (specify) ▼ State Zip Code Columbus OH 43216 Priscilla Tyson, City Council OH Columbus OH 43216 City State Zip Code OH 43216 Columbus OH 43216 City State Zip Code OH 43216 Columbus OH 43216 City Corrady Franklin County Commissioner OH Columbus OH 43216 City State Zip Code OH 43216 Columbus OH 43216 Disbursement For: 2010 Category/ Type Disbursement For: 2010 Amount of Each Disbursement For: 2010 Amoun | • | | | |
| Columbus OH 43209 Purpose of Disbursement Charleta Tavares, City Council OH Candidate Name Charleta B Tavares Office Sought: House | | | | |
| Charleta Tavares, City Council OH Candidate Name Charleta B Tavares Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Citizens for Priscilla Tyson Mailing Address 1465 E Broad St City State Zip Code Colombus OH 43205 Purpose of Disbursement Priscilla Tyson Office Sought: House OH 43205 Purpose of Disbursement Priscilla Tyson Office Sought: House Other (specify) ▼ Candidate Name Priscilla Tyson Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) City General Priscilla Tyson, City Council OH Candidate Name Priscilla Tyson, City Council OH Candidate Name Priscilla Tyson, City Council OH Senate President State: District: Full Name (Last, First, Middle Initial) Friends of John O'Grady Mailing Address PO Box 1355 City State Zip Code OH 43216 Purpose of Disbursement Full Name (Last, First, Middle Initial) Friends of John O'Grady Mailing Address PO Box 1355 City Columbus OH 43216 Purpose of Disbursement Other (specify) ▼ Amount of Each Disbursement this Periode OH 43216 Transaction ID: 30636985 Date of Disbursement Mol | | | | Amount of Each Disbursement this Perio |
| Charleta B Tavares Office Sought: | Charleta Tavares, City Council OH | | | 500.00 |
| Senate President State: District: Full Name (Last, First, Middle Initial) Citizens for Priscilla Tyson Mailing Address 1465 E Broad St City Colombus OH 43205 Purpose of Disbursement Priscilla Tyson, City Council OH Candidate Name President District: Full Name (Last, First, Middle Initial) Citizens for Priscilla Tyson, City Council OH Candidate Name President Disbursement For: Disbursement For: President Disbursement For: Disbursement For: President Disbursement For: Disbursement Transaction ID: 30636985 Date of Disbursement Disbursement Disbursement Disbursement Disburseme | Charleta B Tavares | 0010 | , , | |
| Full Name (Last, First, Middle Initial) Citizens for Priscilla Tyson Mailing Address 1465 E Broad St City Colombus Purpose of Disbursement Priscilla Tyson, City Council OH Candidate Name President State: District: Full Name (Last, First, Middle Initial) Friends of John O'Grady, Franklin County Commissioner OH City Colombus State Zip Code OH 43205 Amount of Each Disbursement this Pe Amount of Each Disbursement this Pe Category' Type Amount of Each Disbursement this Pe Category' Type Priscilla Tyson, City Council OH Category' Type Transaction ID: 30636978 Date of Disbursement this Pe Colombus Transaction ID: 30636978 Date of Disbursement Disbursement Disbursement Transaction ID: 30636985 Date of Disbursement Disbur | Senate President | X Primary General | | Charleta Tavares, City Co- uncil OH |
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| Priscilla Tyson, City Council OH Candidate Name Priscilla Tyson Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends of John O'Grady Mailing Address PO Box 1355 City State Zip Code Columbus OH 43216 Purpose of Disbursement John O'Grady, Franklin County Commissioner OH Candidate Name John O'Grady Office Sought: House Senate Senate President Disbursement For: 2010 State Zip Code Columbus OH 43216 Purpose of Disbursement John O'Grady, Franklin County Commissioner OH Candidate Name John O'Grady Franklin County Commissioner OH Candidate Name John O'Grady Franklin County Commissioner OH Office Sought: House Disbursement For: 2010 X Primary General Other (specify) ▼ John O'Grady, Franklin County Commissioner OH Office Sought: House Disbursement For: 2010 X Primary General Other (specify) ▼ John O'Grady, Franklin County Commissioner OH Other (specify) ▼ | • | | | Amount of Each Disbursement this Perio |
| Priscilla Tyson Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends of John O'Grady Mailing Address PO Box 1355 City Columbus OH 43216 Purpose of Disbursement John O'Grady, Franklin County Commissioner OH Candidate Name John O'Grady Office Sought: House Senate President President Disbursement For: 2010 Amount of Each Disbursement this Peresident President President Other (specify) ▼ John O'Grady, Franklin County Commissioner OH Office Sought: House Senate President Other (specify) ▼ John O'Grady, Franklin County Commissioner OH Office Sought: House Senate President Other (specify) ▼ John O'Grady, Franklin County Commissioner OH John O'Grady, Franklin County Commissioner OH Other (specify) ▼ | Priscilla Tyson, City Council OH | | 1 | 1000.00 |
| Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Friends of John O'Grady Mailing Address PO Box 1355 City State Zip Code Columbus OH 43216 Purpose of Disbursement OH Candidate Name John O'Grady Type Office Sought: House Senate President Priscilla Tyson, City Council OH Transaction ID: 30636985 Date of Disbursement Mo M / D D D / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y | Priscilla Tyson | | | |
| Full Name (Last, First, Middle Initial) Friends of John O'Grady Mailing Address PO Box 1355 City State Zip Code Columbus OH 43216 Purpose of Disbursement OH O11 Candidate Name John O'Grady Office Sought: House Senate President President Full Name (Last, First, Middle Initial) Transaction ID: 30636985 Date of Disbursement Mo M / P O 7 / Y Y O Y O Y O Y O Y O Y O Y O Y O Y O | Senate President | X Primary General | | Priscilla Tyson, City Cou- ncil OH |
| City State Zip Code Columbus OH 43216 Purpose of Disbursement John O'Grady, Franklin County Commissioner OH Candidate Name John O'Grady Office Sought: House Senate President Disbursement For: 2010 X Primary General Other (specify) Other (specify) | Full Name (Last, First, Middle Initial) | | | Date of Disbursement |
| Columbus OH 43216 Purpose of Disbursement John O'Grady, Franklin County Commissioner OH Candidate Name John O'Grady Office Sought: House Senate President Disbursement For: X Primary General Other (specify) Other (specify) | Mailing Address PO Box 1355 | | | 10 7 2009 |
| John O'Grady, Franklin County Commissioner OH Candidate Name John O'Grady Office Sought: Disbursement For: Senate President Disbursement For: A Primary General Other (specify) Type John O'Grady, Franklin County Commissioner OH Other (specify) | | | | Amount of Each Disbursement this Perio |
| John O'Grady Office Sought: Disbursement For: Senate President Disbursement For: X Primary General Other (specify) Other (specify) Type John O'Grady, Franklin County Commissioner OH | John O'Grady, Franklin County Commissioner | DH | | 750.00 |
| Senate X Primary General John O'Grady, Franklin County Commissioner OH Other (specify) ▼ | John O'Grady | | | |
| State: DISTRICT: | Senate President | X Primary General | | John O'Grady, Franklin Co- unty Commissioner OH |
| SURTOTAL of Disbursements This Page (optional) | State: DISTRICT. | | | |

| | | Use separate schedule(s) (check | INE NUMBER: PAGE 168 / 1/3 only one) | | |
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| | y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) | e and address of any political committee to | | | |
| V | UnitedHealth Group Incorporated PAC (U | lited for Health) | | | |
| | Full Name (Last, First, Middle Initial) Hearcel Craig for Council Mailing Address 550 E Walnut St | | Transaction ID: 30636996 Date of Disbursement 10 | | |
| | City | State Zip Code | Amount of Each Disbursement this Period | | |
| | Columbus Purpose of Disbursement Hearcel Craig, City Council OH | OH 43214 | 1000.00 | | |
| | Candidate Name Hearcel F Craig | Category/ Type | | | |
| | , H | ement For: 2010 Primary General Other (specify) | Hearcel Craig, City Council OH | | |
| | Full Name (Last, First, Middle Initial) | | Transaction ID: 30637006 | | |
| | Mallory for Citizens | | Date of Disbursement | | |
| | Mailing Address 907 Dayton Street | M M / D 7 / Y Y Y O Y 9 Y | | | |
| | City Cincinnati | State Zip Code OH 45214 | Amount of Each Disbursement this Period | | |
| | Purpose of Disbursement Mark Mallory, MAYOR Cincinnati, OH | 011 | 500.00 | | |
| | Candidate Name Mark Mallory | Category/ Type | 1 | | |
| | ÿ | ement For: 2010 Primary General Other (specify) | Mark Mallory, MAYOR Cinc- innati, OH | | |
| | Full Name (Last, First, Middle Initial) Keep State Representative Jeff Greer | | Transaction ID: 30640479 Date of Disbursement | | |
| | Mailing Address 2125 Hwy 79 | | 10 0 9 / 2009 | | |
| | City Brandenburg | State Zip Code KY 40108 | Amount of Each Disbursement this Period | | |
| | Purpose of Disbursement Jeff Greer, STATE HOUSE 27th KY | 011 | 500.00 | | |
| | Candidate Name | Category/ Type | 4 | | |
| | KY Rep. Jeff Greer | | 1 | | |
| | Office Sought: X House Disburs | ement For: 2010 Primary General Other (specify) | Jeff Greer, STATE HOUSE 27th KY | | |

| SCHEDULE B (FEC FOIII 3X) | Use separate schedule(s) | FOR LINE (check only | NUMBER: PAGE 169 / 173 |
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| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 23 24 25 28a 28b 28c X 29 |
| ny Information copied from such Reports and State r for commercial purposes, other than using the na | | | |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (l | Inited for Health) | | |
| Full Name (Last, First, Middle Initial) Kentucky Senate Republican Caucus | | | Transaction ID: 30640480 Date of Disbursement |
| Mailing Address PO Box 1068 | | | 10 |
| City Frankfort | State Zip Code KY 40602 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Senate Republicans | | 011 | 2500.00 |
| Candidate Name Office Sought: House Disbur | sement For: | Category/ Type | |
| Senate President | Primary General Other (specify) | | Senate Republicans |
| State: District: Full Name (Last, First, Middle Initial) Committee to Elect Kathy Angerer | | | Transaction ID: 30640489 Date of Disbursement |
| Mailing Address PO Box 157 | | | $\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0&M\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}D\\0\end{smallmatrix}0&9\end{smallmatrix} \ / \ \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0&0\end{smallmatrix}0&9^{Y} \]$ |
| City Dundee | State Zip Code MI 48131 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Kathy Angerer, STATE HOUSE 55th MI | | 011 | 500.00 |
| Candidate Name MI Rep. Kathy Angerer | | Category/ Type | |
| | sement For: 2010 X Primary General Other (specify) ▼ | | Kathy Angerer, STATE HOUSE 55th MI |
| Full Name (Last, First, Middle Initial) UnitedHealth Group Inc PAC of PA | | | Transaction ID: 30640549 Date of Disbursement |
| Mailing Address 9900 Bren Road East | | | $\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ 2 & O & O & 9 \end{bmatrix} $ |
| City Minnetonka | State Zip Code MN 55343 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Funding for State PAC of PA | | 011 | 3000.00 |
| Candidate Name | amont For | Category/ Type | |
| Office Sought: House Disbur Senate President | sement For: Primary General Other (specify) | | Funding for State PAC of PA |
| State: District: | | | |
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| or fo | Information copied from such Reports and States or commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U | ne and address of any politic | | |
| | Full Name (Last, First, Middle Initial) United for Health of Texas (UnitedHealth of Texas Mailing Address 9900 Bren Road East | Group Inc, PAC | | Transaction ID: 30722932 Date of Disbursement 10 |
| | City Minnetonka | State Zip Code MN 55343 | | Amount of Each Disbursement this Perio |
| | Purpose of Disbursement State PAC funding Candidate Name | | 011 Category/ Type | 15000.00 |
| | Office Sought: House Disburs Senate President State: District: | ement For: Primary Genera Other (specify) | | State PAC funding |
| | Full Name (Last, First, Middle Initial) United for Health PAC of Tennessee Mailing Address 9900 Bren Road East | | | Transaction ID: 30942929 Date of Disbursement 1 2 0 7 2 0 0 9 |
| | | | | |
| | City Minnetonka | State Zip Code MN 55343 | | Amount of Each Disbursement this Perio |
| | Purpose of Disbursement Candidate Name | | 011 Category/ Type | 18700.00 |
| | Office Sought: House Senate President State: District: | ement For: Primary Genera Other (specify) ▼ | | |
| | Full Name (Last, First, Middle Initial) UnitedHealth Group Inc PAC of PA | | | Transaction ID: 31002935 Date of Disbursement |
| Ī | Mailing Address 9900 Bren Road East | | | 12 14 7 2009 |
| | City Minnetonka | State Zip Code MN 55343 | | Amount of Each Disbursement this Perio |
| | Purpose of Disbursement Candidate Name | | 011 Category/ | 1500.00 |
| | Office Sought: House Disburs | ement For: | Туре | |
| | Senate President State: District: | Primary Genera Other (specify) ▼ | | |

| | EMIZED DISPLIBSEMENTS | Use separate schedule(| 5) | | check onl | | | | | | | | 1/3 |
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| 111 | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | È | 21b 27 | 22 28a | | 23 28b | $\boldsymbol{\sqcup}$ | 24 28c | \blacksquare | 25 29 | 26 |
| | y Information copied from such Reports and State or commercial purposes, other than using the nan | | | | y person | for the pu | | se of s | olicitir | ng co | ntribu | ıtions | |
| L | NAME OF COMMITTEE (In Full) | le and address of any pointe | ai 00ii | | | mon oom | | | 0111 00 | 2011 0 | 01111111 | 1100 | |
| | UnitedHealth Group Incorporated PAC (U | nited for Health) | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | Trans | act | ion ID: | : 31 | 0029 | 936 | | |
| • | United for Health PAC of Tennessee | | | | | Date | of D | isburs | emen | t | | | |
| | Mailing Address 9900 Bren Road East | | | | | 1 ^M 2 | М | / D | 4 | / Y | ž |) ý 9 | Υ |
| | City Minnetonka | State Zip Code MN 55343 | | | | Amou | ınt c | f Each | Disb | urser | ment t | this P | eriod |
| | Purpose of Disbursement | | | | - | | | | | | 100 | 0.00 | |
| | Candidate Name | | C | ate | 11 egory/ /pe | | | | | | | | |
| | Office Sought: House Disburs Senate President State: District: | ement For: Primary General Other (specify) | 1 | ' ' | , , | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | _ | | | | 005 | 400 | | |
| | Alan Sanborn for Senate | | | | Transaction ID: 31035139 Date of Disbursement | | | | | | | | |
| | Mailing Address 27140 Irwin Road | | | | | 1 ^M 2 | М | / D 1 | 5 | / Y | ž |) 0 9 | Y |
| | City Richmond | State Zip Code MI 48062 | | | | Amou | ınt c | f Each | Disb | urser | | | eriod |
| | Purpose of Disbursement Alan Sanborn, STATE SENATE 11th MI | | | | | | | - | | | 25 | 0.00 | |
| | Candidate Name MI Sen. Alan Sanborn Ca | | | | | | | | | | | | |
| | X Senate President | ement For: 2010 Primary General Other (specify) | • | | | Alan 11th | Sar MI | nborn, | STA | TE: | SEN | ATE | |
| | State: MI District: Full Name (Last, First, Middle Initial) | | | | | Tron | | ion ID: | . 21 | 0250 | 070 | | |
| | Senate Republican Campaign Committee | | | | | Date | of D | isburs | emen | | | V | V |
| | Mailing Address P.O. Box 12023 | | | | | 1 ^M 2 | М | / D 1 | 5 | ′ | ź (|) Ó 9 | T |
| | City Lansing | State Zip Code MI 48901 | | | | Amou | ınt c | f Each | Disb | urser | ment t | this P | eriod |
| | Purpose of Disbursement | | | 0 | 11 | L. | | | | | 500 | 0.00 | _ |
| | Candidate Name | | C | ate | egory/ /pe | | | | | | | | |
| | Senate President | ement For: Primary General Other (specify) ▼ | • | | | | | | | | | | |
| _ | State: District: | | | | | | | | | | | | |
| 1 | JBTOTAL of Disbursements This Page (optional) | | | | . • | | | | | | 6250 | 0.00 | |

| | CHEDULE B (FEC FOIII 3X) | Use separate schedule(s) | (check or | E NUMBER: PAGE 172 / 173 |
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| | y Information copied from such Reports and State for commercial purposes, other than using the nar | | | |
| | NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U | nited for Health) | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Republican Senate Victory Committee | | | Transaction ID: 31036450 Date of Disbursement |
| | Mailing Address PO Box 11494 | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City Tempe | State Zip Code AZ 85284 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Name | | 011 Category/ | 1250.00 |
| | | ement For: | Type | |
| | Senate President | Primary General Other (specify) ▼ | | |
| | State: District: Full Name (Last, First, Middle Initial) Republican House Victory Committee | | | Transaction ID: 31037879 |
| | Mailing Address PO Box 11494 | | | Date of Disbursement March |
| | City Tempe | State Zip Code AZ 85284 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | 011 | 1250.00 |
| | Candidate Name | | Category/ Type | |
| | Office Sought: House Senate President State: District: | ement For: Primary General Other (specify) ▼ | | |
| | Full Name (Last, First, Middle Initial) Friends of Roger Kahn for Senate | | | Transaction ID: 31054482 Date of Disbursement |
| | Mailing Address P.O. Box 1627 | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City Saginaw | State Zip Code MI 48605 | | Amount of Each Disbursement this Perio |
| | Purpose of Disbursement Roger Kahn, STATE SENATE 32nd MI | | 011 | 400.00 |
| | Candidate Name MI Sen. Roger Kahn | | Category/ Type | |
| | X Senate President | ement For: 2010 Primary General Other (specify) | | Roger Kahn, STATE SENATE 32nd MI |
| | State: MI District: | | | |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page FOR LIN (check of the 21b) 27 | PAGE 173 / 173 inly one) 22 23 24 25 26 28a 28b 28c X 29 30b |
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| Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | , , , , | · · |
| NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (Un | ited for Health) | |
| Full Name (Last, First, Middle Initial) Friends of Roger Kahn for Senate Mailing Address P.O. Box 1627 | | Transaction ID: 31064681 Date of Disbursement 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | State Zip Code MI 48605 | Amount of Each Disbursement this Period 200.00 |
| MI Sen. Roger Kahn Office Sought: House Disburse | Category/ Type ment For: 2010 Primary General Other (specify) ▼ | Roger Kahn, STATE SENATE 32nd MI |

| SUBTOTAL of Disbursements This Page (optional) | • | 200.00 |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <u> </u> | 79050.00 |